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ABSTRACT

The manual was developed to assist Ohio local school personnel in meeting the needs of physically handicapped children. An initial chapter reviews federal and state laws and administrative rules. A chapter on evaluation and individualized education program development covers personnel, evaluation types, and sample procedures. Program administration and organization are considered, with sections on the team approach, organizational options, scheduling, and staff development. Program content for physical education is examined with information on instructional modifications. Medical and safety considerations are noted. A final section lists resources, including organizations and associations and special education regional resource centers. Among appended materials are a selected list of evaluation instruments with background information including author, purpose, and source; and the rules on adapted physical education services of the state of Ohio. (CL)

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Implementing Effective Physical Education For Handicapped Children

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FOREWORD

Physical education makes a significant contribution to the quality of living and the education of handicapped children. The right of handicapped children to an appropriate educational program, including physical education, has been assured by Public Law 94-142, The Education for All Handicapped Children Act, and Chapter 3323 of the Ohio Revised Code.

Implementing Effective Physical Education for Handicapped Children is designed to aid educators as they serve increasing numbers of handicapped children who are mainstreamed into physical education, as well as severely handicapped children who may require special individualized programs. Such services can necessitate adjustments in curriculum development and instructional strategies. Although each school and each child must be viewed in unique circumstances, this manual will serve as a general guide to developing high quality physical education programs for handicapped children in Ohio.

Franklin B. Walter

Franklin B. Walter
Superintendent of Public Instruction

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INTRODUCTION

Ohio school personnel have an opportunity and responsibility to provide appropriately designed physical education experiences for all handicapped children. Experiences in physical education contribute to motor functioning, social-personal development, health, and the overall quality of life. Physical educators also provide experiences which will prepare children for a lifetime of participation in recreational and fitness activities.

It is a great responsibility to ensure that all handicapped children receive instruction in physical education in the least restrictive environment. In most instances this means placement in a regular physical education class in which some accommodations may be necessary. For a few children, such as the severely handicapped, specially designed programs may be needed. However, many children with severe handicaps can have successful experiences in regular physical education classes. Whatever the arrangement, emphasis is placed on the fact that handicapped children are more like their nonhandicapped peers than unlike them, and that they are more alike than different in the ways they learn.

This manual has been developed to assist local school personnel in meeting the physical education needs of handicapped children. Although this manual is not exhaustive in its coverage, it should serve as a basis for designing appropriate physical education programs for handicapped children in Ohio schools.

FEDERAL LAWS

CHAPTER 1

LAWS AND ADMINISTRATIVE RULES REGARDING THE PROVISION OF PHYSICAL EDUCATION TO HANDICAPPED CHILDREN

The major laws and regulations affecting the education of handicapped children in Ohio are Public Law 94-142, Section 504 of Public Law 93-112, the Ohio Revised Code, and the Ohio Department of Education Administrative Rules. Ohio's laws and rules are consistent with federal requirements in that regular physical education or adapted physical education must be offered to every handicapped child as an integral part of a total education.

FEDERAL LAWS AND REGULATIONS

Public Law 94-142, Education for All Handicapped Children Act

Within Public Law 94-142 and applicable federal regulations, physical education is specifically included in the definition of special education as a service to be made available to all handicapped children receiving a free appropriate public education. Each handicapped child must be afforded the opportunity to participate in the regular physical education program available to nonhandicapped children unless:

(1) The child is enrolled full time in a separate facility; or

(2) The child needs specially designed physical education, as prescribed in the child's individualized education program. If specially designed physical education is prescribed in the child's individualized education program, the public agency responsible for the education of that child shall provide services directly, or make arrangements for them to be provided through other public or private programs.

Definitions cited in the regulations for P.L. 94-142 are quoted below:

(a)(1) As used in this part, the term "special education" means specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

STATE LAWS

(2) "Physical education" is defined as follows:
  (i) The term means the development of:
    (A) Physical and motor fitness;
    (B) Fundamental motor skills and patterns; and
    (C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).
  (ii) The term includes special physical education, adapted physical education, movement education, and motor development.

Section 504 of P.L. 93-112, The Vocational Rehabilitation Act

Section 504 of the Vocational Rehabilitation Act, P.L. 93-112, provides that:

> No otherwise qualified handicapped individual... shall solely by the reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.

Section 504 is the basic civil rights provision with respect to ending discrimination against America's handicapped citizens. The rules and regulations of Section 504 apply to recipients of federal funds, including elementary and secondary schools.

STATE LAWS AND REGULATIONS

The right of Ohio's handicapped children to an appropriate public education at no cost to the parents is also assured by Chapter 3323 of the Revised Code. The Revised Code gives the State Board of Education the authority to adopt administrative rules such as the Minimum Standards for Elementary and Secondary Schools and the Rules for the Education of Handicapped Children, both of which have implications for physical education programs for the handicapped.

Minimum Standards for Elementary and Secondary Schools

The Minimum Standards for Elementary and Secondary Schools state the following requirements for physical education programs:

1. A course of study shall be adopted for each subject taught—3301-35-02 (B)(1)(a). Refer to page 33 for further discussion related to the development of physical education courses of study and handicapped children.

STATE LAWS

2. Kindergarten pupils—A minimum of two hundred minutes per week shall be allocated for readiness activities in handwriting, mathematics, and reading. The balance of time shall be allocated for art, English language arts, health, music, physical education, science and social studies—3301-35-02 (10).
3. Pupils in grades one through six—A minimum of two hundred minutes per week shall be allocated at each grade level for planned instruction in art, music, and physical education—3301-35-02 (11)(b).
4. Seventh and eighth grade pupils shall be scheduled for planned instruction the equivalent of at least eighty minutes per week in physical education—3301-35-02 (12)(b).
5. Requirements for high school graduation shall include...physical education, one-half unit of credit—3301-35-02 (B)(6)(d).
6. High school physical education courses shall be scheduled for a minimum of one hundred twenty hours for one-half unit of credit—3301-35-02 (8)(a)(ii).

The minimum standards apply to physical education programs for handicapped children unless a special adapted physical education program as prescribed in the individualized education program is necessary to meet the unique needs of a handicapped child.

Rules for the Education of Handicapped Children

Ohio's Rules for the Education of Handicapped Children echo the mandates of Public Law 94-142 and require that regular physical education or adapted physical education be made available to all handicapped children. The majority of handicapped children can successfully participate in regular physical education programs. Adapted physical education would be offered when the child's needs cannot be met in regular physical education class with nonhandicapped children.

Specialist Services and Qualifications

School districts in Ohio are not required to employ an adapted physical education specialist. However, if a district chooses to do so on a full-time basis, the Rules for the Education of Handicapped Children require certain standards to be met. Rule 3301-51-05 (B) describes the services which an adapted physical education specialist shall provide and the qualifications an adapted physical education specialist must possess.

STATE RULES

Services

a. Adapted physical education is specially designed instruction in physical education to meet the unique needs of a handicapped child, including individual and/or group instruction. In an educational or instructional setting, the services of the adapted physical education specialist shall include:

(i) Providing an evaluation of abilities of motor and physical development as part of the multifactored evaluation;

(ii) Assisting in the development of the individualized education programs;

(iii) Providing, through comprehensive individual and/or group intervention strategies, instruction in order to enhance the individual's basic motor abilities, coordination, and physical and social-psychological performance;

(iv) Maintaining current performance records to be made available to parents and school personnel; and

(v) Providing consultation to children, parents, teachers and administrators regarding adapted physical education.

b. The services of an adapted physical education specialist may include:

(i) Providing inservice to school personnel and members of the community regarding adapted physical education; and

(ii) Directing the activities of the teacher's aide as they relate to adapted physical education.

Qualifications

a. An adapted physical education specialist shall have the following:

(i) Hold an Ohio special teaching certificate for teaching physical education, kindergarten through grade twelve;

(ii) Have completed course work for certificate validation for the moderately, severely, and profoundly retarded teaching area; and

(iii) Possess twelve semester hours of course work in adapted physical education.

b. The adapted physical education specialist shall hold an Ohio special education teacher's certificate for an adapted physical education specialist if such certificate is established by the State Board of Education.

The requirements apply when a specialist is employed full-time to work only with handicapped students in physical education whether funded as a school foundation unit, through Title VI-B Flow-Thru funds, or through local funding.

STATE RULES

At present the State Board of Education does not provide any type of teaching certificate for adapted physical education. However, when Rule 3301-23-21 Teacher Education and Certification Standards become effective July 1, 1987, a validation of a standard physical education certificate will be available for teaching adapted physical education. An individual who is deemed to be of good moral character; who has successfully completed an approved program of teacher preparation, including an examination prescribed by the State Board of Education, and who has been recommended by the dean or head of teacher education at an approved institution shall be eligible for adapted physical education certificate validation. The approved professional education program shall include 20 semester hours in adapted physical education course work and clinical and field-based experiences designed for teaching adapted physical education. Any individual employed by a chartered school or a school district as a teacher of adapted physical education on January 1, 1987, shall be considered to have fulfilled the requirements as stated above for an adapted physical education certificate validation.

Several *questions* remain to be answered. What qualifications must be met by adapted physical education instructors who are not employed to work fulltime with handicapped children? What qualifications are needed by regular physical educators who work with handicapped children as a portion of their teaching assignment?

Locally funded physical educators working part time with handicapped children, or teachers having handicapped children in physical education as only a portion of the teaching assignment, need to have the certification that is otherwise required to teach physical education to nonhandicapped children. This includes physical education teachers who may have separate adapted physical education classes as part of the teaching assignment. Appropriate certification could include physical education, elementary education, or special education.

In summary, school districts are not required to employ adapted physical education specialists. However, districts that choose to employ such full-time specialists must meet all of the qualifications required by the Rules for the Education of Handicapped Children in Ohio. Questions related to the Rules for the Education of Handicapped Children in Ohio, funding qualifications for personnel, or general personnel requirements should be referred to the adapted physical education consultant, Division of Elementary and Secondary Education. Questions related specifically to certification should be referred to the Division of Teacher Education and Certification, Ohio Department of Education.

PROCEDURAL SAFEGUARDS

PROCEDURAL SAFEGUARDS FOR HANDICAPPED CHILDREN IN PHYSICAL EDUCATION

Parents' and children's rights under state and federal laws and their attendant rules and regulations are protected through a procedural structure involving the child, the parents, and school personnel. A chart of due process is included in Appendix C.

Referral

Each school district has referral procedures for the purpose of requesting appropriate multidisciplinary evaluations of suspected handicapped children. Any person with an interest in the education of a child such as a parent; physician; or school staff member, including a physical educator, may make a referral. A referral may be made solely on the basis of physical education performance. If this is the only area in which there may be an impairment adversely affecting a child's educational performance, a special physical education program may be needed. Students who are severely handicapped may need such a program.

Screening

Screening is an assessment of a child's needs for which the primary purpose is to determine strengths, weaknesses and developmental deficiencies which might indicate the need for further evaluation. A motor screening of all children, handicapped and nonhandicapped, in a school or grade may be done without parental permission. However, once a suspected handicapped child is singled out of the group for an evaluation to determine eligibility for special education and related services, parental permission must be obtained through due process procedures.

Multifactored Evaluation

All children referred as suspected handicapped must receive an initial multidisciplinary evaluation to determine eligibility for special education and related services. Required evaluations are listed in the Rules for the Education of Handicapped Children, sections 3301-51-02 and 3301-51-04 of the Administrative Code. An evaluation of motor abilities is included in the eligibility criteria for each handicapping area. The required motor evaluation may be an informal procedure such as a teacher observation or it may be a more formal assessment. In addition, all children enrolled in special education programs shall be reevaluated at least once every three years. The reevaluation shall take place more often than once every three years if requested by a teacher or parent.

PROCEDURAL SAFEGUARDS

Numerous screening and diagnostic tests can be used to evaluate motor performance. Some commonly used evaluations are described in Chapter 2, pages 14 through 21, and Appendix B, pages 60 through 71.

Least Restrictive Environment/Placement

In accordance with the least restrictive environment requirement:

> To the maximum extent appropriate, handicapped children must be educated with children who are not handicapped, and special classes, separate schooling, or other removal of handicapped children from the regular educational environment [including physical education classes] occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

A continuum of alternative placements or various types of educational environments should be available. As previously mentioned, adapted physical education, as defined in the special education rules, is specially designed instruction in physical education to meet the unique needs of a handicapped child. Types of physical education placement options that may be necessary in order to provide appropriate physical education for handicapped children include the following:

1. *Regular physical education.* No major changes are made in the instructional program. Most handicapped children can participate successfully in the regular physical education program with nonhandicapped children.
2. *Physical education with modifications.* Some handicapped children may need modifications such as special equipment, communication methods, or instructional approaches provided within the regular class.
3. *Regular physical education combined with adapted physical education.* This option provides the child with an opportunity to be educated with children who are not handicapped and also provides a special program for needs that cannot be met within the regular physical education class.
4. *Adapted physical education.* Sometimes an individual handicapped child may require a specially designed adapted physical education program that is different from that of nonhandicapped children.

No child may be placed in an adapted physical education program until the IEP team meets and reviews all pertinent information to determine an appropriate program, including physical education placement. Children should be placed in special adapted physical education programs only when their needs cannot be met in the

PROCEDURAL SAFEGUARDS

regular physical education class. All children who are recommended by the IEP team to be enrolled in a special education program or related services, including adapted physical education, must have a signed, informed parental consent on file before placement can occur. Any time a change in educational placement is being considered, the pertinent information must be reviewed and the change approved by members of the IEP committee, including the child's parents. A physical education placement may be changed when the child's motor abilities, knowledge, socialization, and/or ability to participate in individual, small group, and large group activities make a different physical education placement appropriate.

Individualized Education Program (IEP)

Physical education should be considered at IEP conferences. When evaluation of the handicapped child indicates that a serious deficiency creates a need for specially designed physical education, this need must be accommodated in the IEP. If the handicapped child does not require a special physical education program, the IEP would simply state the child's extent of participation in regular [physical] education. If the child requires specially designed physical education, the following IEP components must be addressed and documented:

1. A statement of the child's present educational performance levels.
2. A statement of annual goals, including short-term instructional objectives.
3. A statement of the specific special education and related services to be provided to the child and the extent to which the child will be able to participate in the regular educational programs.
4. The projected dates for initiation of services and their anticipated duration.
5. Appropriate objective criteria, evaluation procedures, and schedules for determining, at least annually, whether short-term instructional objectives are being met and whether the current placement is appropriate.

Participants in IEP conferences shall include the child's teacher; a representative of the agency, other than the child's teacher, who is qualified to provide or supervise the provision of special education; one or both parents; the child when appropriate; and other individuals at the discretion of the parent or agency. For a handicapped child who has been evaluated for the first time, the responsible agency shall make certain that a member of the evaluation team or someone who is knowledgeable about the evaluation results participates in the conference.

PROCEDURAL SAFEGUARDS

Local districts may want to consider including the physical educator in the IEP conference for children whose evaluation indicated deficiencies in motor skills which may necessitate major adjustments or adaptations of the regular physical education program. If the physical educator is not present, relevant assessment information and recommendations related to physical education should be available to the participants in the IEP conference. As previously stated, if eligibility criteria are met, a child may be placed in special education for physical education only while having all other classes within the regular school program. In this case, the IEP would contain annual goals and short-term objectives in the area of adapted physical education and would state that the child has regular education except for adapted physical education. Children, such as orthopedically or other health handicapped children with adapted physical education as their only special education service, may be included in the annual federal child count. An IEP must be completed in its entirety prior to the initiation of any special education program and related service, including adapted physical education. The IEP must be implemented as written.

SUMMARY

Every handicapped child must have a physical education program made available, and each child should be viewed as an individual with regard to physical education. The physical education program must be appropriate to the child's educational needs and in accordance with the least restrictive environment.

Copies of the Rules for the Education of Handicapped Children are available from the sixteen Special Education Regional Resource Centers (SERRCs), the Ohio Resource Center for Low Incidence and Severely Handicapped (ORCLISH), or the Ohio Department of Education, Division of Special Education. Questions regarding rules and regulations as they affect physical education for the handicapped may be addressed to the adapted physical education consultant, Division of Elementary and Secondary Education, Ohio Department of Education.

EVALUATION AND IEP

CHAPTER 2

EVALUATION AND IEP DEVELOPMENT

To ensure that the best decisions in placement and programming are being made for each child, decisons must be based on sound evaluations. Finding the most appropriate physical education program for an individual depends to a large degree upon correctly evaluating motor performance levels.

Development of a physical education program for a handicapped child should begin with evaluation of the child's present level of motor functioning to identify strengths and weaknesses and plan appropriate instruction. The IEP must include evaluation information related to present levels of performance as well as procedures for determining, at least on an annual basis, the effectiveness of the physical education program in achieving the short-term instructional objectives.

When developing evaluation procedures, it is important to structure an appropriate methodology which is based on a direct relationship between the evaluation and any subsequent individualized education program that may be needed. For most handicapped children, no formal tests to evaluate motor abilities are required. Informal evaluation, such as teacher observation, can be used to determine motor functioning.

Evaluation should serve to improve instruction for each child by providing the basic data for determining the learning priorities in physical education. This procedure will establish whether the child can be effectively mainstreamed or whether a special or adapted program needs to be established.In addition to developing goals and objectives, it is also important to determine the amount of time a child will be placed in a regular and/or adapted physical education program.

PERSONNEL

Special education rules and regulations require that a suspected handicapped child's evaluation or an identified handicapped child's reevaluation include motor abilities. However, the rules and regulations do not specify what professional(s) must provide the information. Determination of the most appropriate individual is left to the discretion of the local school district. Formal assessments may be warranted when a student has a suspected severe motor deficiency which may necessitate major modifications in the regular physical education program.

TYPES OF EVALUATIONS

Professionals who commonly provide information regarding a child's motor functioning include classroom teachers, physical educators, adapted physical education specialists, physical therapists, occupational therapists, psychologists, physicians, and others. School districts are encouraged to involve physical educators and adapted physical educators in evaluation procedures whenever appropriate because of their training in motor testing techniques. It is usually these professionals who will be actually implementing the physical education programs. In some cases it may be necessary to provide an in-depth motor evaluation for a child with a severe handicap. Some school districts use occupational or physical therapists to administer such evaluations.

TYPES OF EVALUATIONS

There are several types of evaluations which can be used with children ranging from highly objective to highly subjective. The more objective procedures will be discussed as formal evaluations, while the more subjective procedures will be discussed as informal evaluations.

Informal evaluations may include anecdotal records, rating scales, checklists, screening activities, questionnaires, or teacher observation. An informal evaluation could consist of an instructor/evaluator determining items to be evaluated and then observing a class participating in a group activity. Informal tests provide no norms for comparing results.

Since there are no norms or standardized methods for informal evaluations, measurements of the child's present level of motor functioning are more subjective and more apt to be less accurate. On the other hand, informal methods tend to be more qualitative in nature and allow the evaluator to address the method(s) a child uses when performing a task. For example, although a child may be able to run a specific distance in a certain time, the pattern of leg movement may be atypical and indicate an underlying orthopedic or neuromuscular impairment.

Formal evaluations are usually either criterion-referenced or norm-referenced tests. Norms compare the performance of the child being evaluated to that of a specified group. Criterion-referenced tests often compare performance to a predetermined level of achievement. Formal evaluations are available in the areas of gross motor skills, fine motor skills, perceptual motor development, and physical fitness. These instruments require the evaluator to follow uniform procedures to assure validity and reliability. Some formal evaluations require the evaluator to be trained to conduct the test accurately.

DETERMINING APPROPRIATENESS

Results of formal evaluations provide more objective measures than do informal evaluations, because the child's abilities are compared to an established norm. However, some handicapped children have impairments or characteristics that do not lend themselves to formal measures. For example, although a child who uses a wheelchair cannot "run," the child may be able to propel the wheelchair very quickly or over long distances.

DETERMINATION OF APPROPRIATE EVALUATIONS

Section 3301-51-02 (D) (5), Rules for the Education of Handicapped Children states the following:

> Each school district shall develop and implement written procedures to insure that any evaluation conducted with children who are suspected of being handicapped include:
>
> a. An evaluation designed to insure that children are not labeled as being handicapped because of inappropriate selection, administration or interpretation of evaluation materials;
>
> b. The use of evaluation instruments which:
>
> (i) are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so;
>
> (ii) have been validated for the specific purpose for which they are used; and
>
> (iii) are administered by trained personnel in conformance with the instructions provided by their producer.
>
> c. Tests are selected and administered so as to best insure that when a test is administered to a child with impaired sensory, manual or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual or speaking skills except where those skills are factors which the test purports to measure.

Based on the rule quoted above, school personnel should ask the following questions to determine the appropriateness of measurement instruments:

1. Has the instrument been validated for the specific purpose(s) for which it is to be used? This can be determined through an examination of the information contained in the instrument manual and through information reported in textbooks, journals, and other sources.
2. Will the instrument be administered in the child's native language or other mode of communication?

ADDITIONAL CONSIDERATIONS

3. Will the instrument be administered by trained qualified personnel in conformance with the instructions provided by the producer?
4. Will use of the instrument insure that the results will accurately reflect the child's level of functioning on the factor the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills?
5. Will use of the instrument insure that the child will not be labeled as handicapped because of the child's racial, cultural, or social-economic background?
6. Will the evaluation procedures which are selected conform with the requirements specified in the program eligibility rules of the suspected handicap(s)?

ADDITIONAL EVALUATION CONSIDERATIONS

The following section provides examples of questions and information that may be helpful to the evaluator. Such information may not always be available. When it is available, consideration should be given to these topics when preparing to evaluate a child's motor performance. However, the evaluator must be aware of possible "halo" effects wherein background information creates a preconception of student abilities and affects testing results.

Background and History

1. What methods of communication does the child use? (e.g., signing)
2. Are there any hearing, visual, or physical impairments?
3. Is there a behavior problem?
4. What is the cognitive ability of the child?
5. Is the child taking any medications that may affect motor skills? (e.g., ritalin)
6. Are there any medical conditions that may affect performance? (e.g., asthma or cardiac disorder)

Identification of Skills to be Evaluated

1. Gross motor
2. Fine motor
3. Physical fitness
4. Sport, leisure, and play
5. Perceptual motor
6. Skills for participation (e.g., teamwork or compliance with rules)

SAMPLE PROCEDURES

Selection of the Evaluation Instruments

1. What evaluation instruments are available (formal and informal)?
2. Does the test evaluate the skills which it purports to test (validity)?
3. Is the evaluation reliable? The evaluator should obtain consistent results.
4. Can the evaluation results be used to develop an IEP?
5. What instrument would be most appropriate for the child's age, abilities, and suspected handicapping condition?
6. Is the evaluator trained to administer the instrument and interpret the results?
7. Can appropriate testing conditions, including adequate space and proper equipment, be obtained?
8. What are the time requirements and costs of the necessary equipment and materials?

The evaluator must establish rapport with the child and attempt to make the child feel at ease during the testing situation. Although the evaluator should not compromise the testing procedures, the quality of the performance and how the student moves, not just the product of the skill, should be observed. The evaluator should note how the task was performed, and not just whether the task was completed. The individual differences of children should be considered.

SAMPLE EVALUATION PROCEDURES

An example of an evaluation and subsequent development of an IEP follows. Mary is an eleven-year-old in a self-contained classroom program for multihandicapped children. She appears to have significant developmental delays in basic gross motor skills.

The O.S.U. SIGMA[1] was chosen to evaluate Mary's gross motor skills because the instrument includes eleven basic gross motor skills. This evaluation instrument is easy to administer, is age appropriate, and needs no expensive or elaborate equipment. The testing criteria are based on a population representative of the children at Mary's school, and the instrument has acceptable levels of reliability and validity.

The eleven gross motor skills are divided into four developmental stages as shown in the following table. Level I is the least mature and efficient and Level IV, the most mature and efficient. A discussion of the evaluation results for Mary also follows.

[1]E. Michael Loovis and Walter F. Ersing, *Assessing and Programming Gross Motor Development for Children* (Cleveland Heights, Ohio: Ohio Motor Assessment Associates, 1979).

SAMPLE PROCEDURES

The Ohio State University Scale of Intra-Gross Motor Assessment (O.S.U. SIGMA) Summary of Descriptions of Levels

Basic Skill	*Level I*	*Level II*	*Level III*	*Level IV*
Walking:	ten-second stand	cruising	walks with support	opposition walk
Stair Climbing:	creeps or animal walk	two-foot landing, up and down	alternate up, two-foot landing down	alternate up and down
Running:	rapid walk	wide base, wide arms	egg beater	nonsupport
Throwing:	two-hand push	arm only, no foot movement	one-sided/ homolateral	opposition throw
Catching:	arm stretch	scoop	vice squeeze	cup fashion
Kicking:	part of walk	stiff leg kick	knee action kick	knee action kick with follow through
Jumping:	jumps down	jump in place with no arms	jump, improper arm action	jump with arm action
Hopping:	jump	raises up on toes	leg lift hop	body lift hop
Skipping:	runs/hops leaps/gallops	same side skip	segmented alternate skip	alternate skip
Striking:	one-hand chopping	two-hand chopping with waist bending	rocking swing	twisting swing
Ladder Climbing:	climbs one step	two-step climb	alternate up, two down	alternate step, up and down

Walking—Mary walks with an opposition gait. (level IV)

Stair Climbing—She uses an alternate foot pattern while going up and down stairs. (level IV)

Running—Mary does not run; she uses a walking gait. (level I)

Throwing—She throws with a side-arm motion, no foot action, and poor directionality. (level II)

Catching—When Mary attempts to catch a ball, she displays a fear reaction, turning her head to the side as the ball approaches. (level I)

Kicking—When Mary attempts to kick a ball, she uses a "stiff leg" rather than a "knee action" kick with proper follow through. level II).

Jumping—Mary cannot jump in place, lifting her feet and body off the ground. (level I)

Hopping—She cannot hop. (level I)

Skipping—Mary cannot skip; she walks. (level I)

SAMPLE IEP

Striking—Mary demonstrates striking with a chopping motion and cannot contact a thrown ball. (level I)

Ladder Climbing—Mary performs with an alternate step up and down. (level IV)

Sample IEP Information

After the O.S.U. SIGMA was administered and the results analyzed, an IEP was developed for Mary. The examples below illustrate how IEP information is related to the provisions of an adapted physical education program.

Sample Summary of Present Levels of Educational Performance

According to the O.S.U. SIGMA, Mary performed walking, stair climbing, and ladder climbing at a mature level IV. She performed at a level I on running, jumping, hopping, catching, striking, and skipping and performed at a level II on throwing and kicking.

Sample Annual Goal

Mary will demonstrate improvement in basic gross motor skills.

Sample Short-Term Objectives

1. Mary will demonstrate a nonsupport running gait and will run thirty yards in ten seconds or less.
2. Mary will demonstrate a mature level of throwing, by throwing overhand with opposition, 80 percent of the time.
3. She will catch a ball when it is thrown from ten feet away 80 percent of the time. A scoop or vice-squeeze catch will be acceptable.
4. Mary will demonstrate a mature level of kicking, by using a knee action kick with follow through, 80 percent of the time.
5. Mary will jump over a six-inch barrier using proper arm action 100 percent of the time.
6. She will use a striking motion to contact an oversize ball with a bat 50 percent of the time during a softball game. She will use two hands on the bat and bend at the waist.

SUMMARY

SUMMARY

Evaluation and IEP activities, including appropriate placement, should be an integral part of every handicapped child's physical education program. Special adapted physical education programs may be needed for more severely handicapped children; however, the majority of handicapped children should be able to participate successfully in regular physical education programs. Many local options are available with regard to who provides evaluations and the types of instruments used. School administrators should consider involving physical educators in evaluation and IEP activities because of their expertise in motor development and because physical educators usually provide program implementation. Refer to Appendix B for a list of assessment instruments available for evaluating physical fitness and motor abilities.

PERSONNEL

CHAPTER 3

PROGRAM ADMINISTRATION AND ORGANIZATION

Administration of physical education for handicapped children involves the management of program activities that complement effective teaching and learning. Administrative responsibilities include personnel, scheduling, class size, program organization, and staff development.

PERSONNEL RESPONSIBILITIES AND CONTRIBUTIONS

There are a number of people who may have a positive effect on the physical education program for handicapped children. Some of the individuals are more closely associated with the program than others, but all are important and all must work together to provide for the success of the program. A number of these individuals along with some of their responsibilities are described below.

Teachers

Regular Physical Educator

A regular physical educator might provide either full services or partial services to the handicapped child. If no adapted physical educator is available, the regular physical educator may work directly with children in the physical education environment as designated by the IEP.

If an adapted physical educator is available to provide services, the regular physical education teacher may be the other half of the remediation team. He or she should share with the adapted physical educator the responsibilities for designing and implementing the IEP.

Special Education Teacher/Classroom Teacher

The special education teacher/classroom teacher can contribute to the success of the program by informing and assisting the physical educator with particular behavioral, personality, and physical characteristics, and with needs which are unique to each child. The special education teacher may also help with the development of program objectives by providing information regarding classroom learning priorities, informing the adapted physical educator/physical educator of specific learning difficulties that may carry over into the physical education class, and relaying information regarding cognitive learning units that may be reinforced in the physical

education program. Special education and classroom teachers can also reinforce physical education skills and objectives by incorporating motor development into classroom activities. Ongoing communication between all teachers is a necessity for successful educational programs.

Adapted Physical Education Specialists

Adapted physical education specialists not only possess basic competencies necessary to teach regular physical education, they have additional specialized training related to children with various handicapping conditions. The specialized training addresses characteristics of handicapping conditions, various adaptation skills, and skills related to working with children with severe handicaps.

An adapted physical education specialist might provide direct service to children, serve as a resource specialist or consultant, or provide both consultant and direct services. A specialist might also work in a single building, several buildings, a single school district, or in several districts.

Administrators

Principal

As the key administrator at the building level, the principal sets the tone for attitudes and services for handicapped children and assures that a free appropriate public education is offered. The principal should emphasize the importance of communication among persons involved with education of the handicapped, the importance of quality physical education for all children, and the responsibilities all staff members have toward the handicapped.

Principals are primary decision makers with regard to scheduling, class size, expenditures on materials and resources, staff development opportunities, and building procedures. They also serve as resource locaters, help to solve problems, and support staff members and children.

Special Education Director or Supervisor

The special education director or supervisor sees that quality physical education services are being provided to each handicapped child in the least restrictive environment. The supervisor should be aware of state and federal requirements with regard to physical education, assure that proper procedures are followed, and serve as a resource person for parents and staff. The special education supervisor should work with regular educators as well as with special education personnel and parents.

PERSONNEL

Physical Education Supervisor and Curriculum Director

The physical education supervisor and curriculum director should include handicapped children as part of their responsibility, and should serve as resource persons with regard to the regular physical education course of study. Since the general goals and objectives for the handicapped usually vary little from those of nonhandicapped children, special educators need to be included in course of study, competency based education, and curriculum activities related to the total school population, handicapped and nonhandicapped.

Medical Personnel

Physicians

Physicians ascertain the health status of children, diagnose medical problems, and prescribe treatment programs when needed. It is critical that physical educators have access to pertinent medical information related to all children in their classes. School personnel must also work closely with physicians to assure that blanket excuses for exemption from physical education are not written by the physician when all that is needed is a modified or adapted physical education program. Physicians should provide information with regard to contraindicated physical education activities, suggested programs, functional abilities, and medications and related side effects.

Occupational and Physical Therapists

Occupational and physical therapists may work with handicapped children in school, through medical institutions, or in private practice. These individuals are valuable resources for the physical educator, not only for physical education program development but also for motor assessment.

School Nurse

The school nurse serves as a local resource person who can work directly with school staff in maintaining up-to-date medical records, routing critical information about individual children (such as information about medication being taken), providing staff development activities, serving as a parent contact, providing screenings in areas such as vision and hearing, and answering questions for the staff.

PERSONNEL

Parents

Communication among school personnel and parents is a key to achieving successful physical education programs for handicapped children. Learning is a cooperative process, and parents should be active partners in planning and carrying out educational programs.

Parental involvement in physical education can take many forms such as serving as paraprofessionals or volunteers, visiting the school, sharing special interests or skills with children and school personnel, serving on school committees, and belonging to community or school-related groups that support education.

Physical education should be included as a topic at parent meetings so that the goals and objectives of a high quality motor development program can be communicated and the program's value explained. Parents can reinforce and supplement the development of physical education skills by working at home with children. Family members can also offer feedback to school personnel regarding success or failure in meeting educational objectives.

As part of the educational decision-making team, parents can provide necessary and pertinent information about the child. The family can share the child's interests, needs, and abilities as well as information related to attitudes and behavior. A communication system should be established among school personnel and parents to facilitate an educational partnership.

Other Personnel

Paraprofessional/Aide

When needed, aides can be assigned to accompany handicapped children to regular and/or adapted physical education classes. Aides should take an active helping role when assigned to work with a physical educator. They may need to become involved in staff development activities which will orient them to motor development and the needs of the individual child. Although the certificated teacher is responsible for the teaching/learning process, an aide under the teacher's supervision may work with students in educational programs developed and implemented by certificated staff.

College/University Students

School districts can develop cooperative programs with colleges and universities having physical education teacher training programs. College and university students might work in local schools for college credit as a teaching intern, student teacher, researcher, or volunteer. Such students can range from undergraduates to graduate candidates in adapted physical education who already have teaching certificates.

TEAM APPROACH

Peer Tutors and Volunteers

Peer tutors and adult volunteers can provide valuable assistance to certificated staff if time is scheduled for adequate training. Volunteers should be assigned tasks for which they have been adequately prepared, and their performance should be supervised.

THE TEAM APPROACH

The team concept involves the coordination of a variety of educational services to meet the unique needs of the handicapped child. These services may include adapted physical education, physical education, occupational therapy, physical therapy, speech and language, psychology, hearing and vision, regular classroom instruction, administrative assistance, preschool assistance, and parent-child involvement. All such components are not always necessary to fulfill the team concept. The needs of an individual handicapped child determine necessary services. Prior to any service, assessments and IEP conferences must be completed to determine the areas of need and programs to be provided. The team approach can be used for a variety of purposes including assessment, programming, problem solving, and program evaluation.

A variety of constraints can hinder the development of a team approach. In many cases the day is simply too full to allow much time for professionals to meet and discuss individual children. The physical education teacher might be responsible for greeting and supervising children as they enter school, conducting morning classes, eating lunch with the children, supervising lunch and playground activities, conducting afternoon classes, and coaching after school. Such scheduling often does not allow ample professional interaction or planning time. When such a situation arises, there is but one solution—discuss the situation with the administration. Many times administrators are unaware of such problems.

A school that demonstrates an open line of communication is generally a school that exhibits a positive working attitude toward both the children and the staff. Open communication leads to a successful multidisciplinary approach. When individuals communicate they avoid the issues of "turf"—what is yours and what is mine. They also begin to learn from each other.

A team approach provides for appropriate planning for each individual child served. It allows each discipline to expand its boundaries and to learn from other disciplines while appropriately serving the child. The responsibilities of various educational personnel are not absolutely distinct. There are gray zones between the disciplines that can be approached positively if the team approach is appropriately implemented.

ORGANIZATIONAL OPTIONS

ORGANIZATIONAL OPTIONS

High quality physical education programs for handicapped children may be provided through a variety of staffing or organizational patterns. The following examples are intended to illustrate the many options that are successfully being implemented in Ohio schools; many other organizational patterns are also possible. Each local district must examine student needs, staff resources, facilities and equipment, and community resources prior to selecting an appropriate, workable organization.

1. *Adapted physical education specialist employed by a district.*

Districts are not required to employ adapted physical education specialists, but the following personnel patterns are those used by districts which have employed such staff.

a. The adapted physical education specialist serves a consortium of districts or a single district, providing technical help in areas such as assessment and IEP development. The specialist primarily provides resource services to physical education, special education, and classroom teachers.

b. The adapted physical education specialist serves a consortium of districts or a single district as a resource teacher for children with all types of handicapping conditions and also provides direct service to more severely handicapped children.

c. The adapted physical education specialist is assigned as a full-time direct service teacher to one or two schools having large numbers of severely handicapped students.

2. *Physical education specialist providing programming.*

In this organizational pattern, the physical education teacher is responsible for providing all physical education services to handicapped students. Services may be provided in a "mainstreamed" setting or when needed, in special adapted physical education programs. The regular physical educator might also be responsible for providing evaluation information and participating in IEP activities. Technical assistance and support might be provided to the physical educator by a special education supervisor, special education teachers, therapists, or the principal.

3. *Physical education specialist providing programming supplemented by the special education classroom teacher or regular classroom teacher.*

The physical education and/or adapted physical education program would be provided by the physical education teacher. The physical educator would then work with classroom teachers in a consulting role to enable the classroom teachers to supplement the physical

ATTITUDES

educator's program. Classroom teachers can often reinforce objectives in subjects such as mathematics or reading by using motor activities.

4. *Elementary classroom teachers providing programming.*

Some elementary schools do not have the services of a physical educator, and the classroom teacher provides the physical education program. It is important that a structured developmental program be implemented. A secondary physical educator in the district might serve as a resource consultant to the elementary classroom teachers.

5. *Teachers providing programming assisted by noncertificated personnel or volunteers.*

Aides, volunteers, interns, and peer tutors can be very helpful in providing physical education services to handicapped children; however, noncertificated personnel must be supervised by certificated staff. Certificated staff also maintain responsibility for children and their instruction.

ATTITUDINAL CONSIDERATIONS

A successful physical education experience depends, to a great extent, on the attitudes of teachers, administrators, parents, handicapped children, and nonhandicapped peers. Consideration of attitudes is important if integration into the regular physical education program is to be successful. The following attitudinal concepts are related to the development of a positive physical education learning environment.

- Physical educators should evaluate their own attitudes toward handicapped children. Teachers assigned to work with handicapped students should view physical education as a critical component of every child's education.
- The physical educator's role is to help all students develop positive attitudes about themselves and physical education.
- Teachers cannot assume that the cause of an instructional problem is in the child. A handicap is only one facet of an individual; the focus should be on the ability, not the disability.
- A handicapped child is more like than unlike children who are not handicapped. Physical education classes should reflect a positive and accepting environment.
- The teacher is a significant person to children and can assist in breaking down attitudinal barriers. This can be facilitated through provision of a supportive learning environment, positive leadership, provision of meaningful examples of appropriate behaviors, and use of techniques such as role playing and group discussions with nonhandicapped peers.

SCHEDULING

- A positive self-concept is an important part of a child's educational experience.
- It is possible to affect and change self-concepts and attitudes.

Attitudes can affect individuals throughout a lifetime. How teachers feel about children and how children feel about school and learning is critical to a successful educational experience.

SCHEDULING

Scheduling problems are often cited as major obstacles to the provision of appropriate physical education programs to handicapped children. Typical comments include references to large numbers of children, unwieldy class size, little physical education teaching time per child, lack of support staff, and little teacher planning time. While difficult to resolve, these problems are not impossible to overcome.

The keys to effective scheduling involve cooperating and focusing positively on creative solutions rather than giving up and doing nothing. Critical factors include the following:

- The needs of handicapped children should be considered through all phases of schedule planning.
- Aides can be assigned to work with a number of teachers when handicapped children move from class to class. When assigned to physical education classes, an aide should actively work with children under the supervision of the teacher.
- Adult volunteers, peer tutors, college interns, or student teachers can effectively provide "extra hands" to help the physical education teacher instruct handicapped children.
- Teachers can reinforce the major objectives of other curricular areas. For example, the physical educator can reinforce mathematics objectives by having children practice locomotor patterns on lines that form geometric shapes. Similarly, a classroom teacher could reinforce motor objectives by having children identify architectural stress points by balancing and making arches with arms and hands.
- Parents can reinforce educational objectives by helping children to practice and work at home.
- Priorities must be established to determine the time to be spent on various subjects and educational activities.

STAFF DEVELOPMENT

STAFF DEVELOPMENT

Staff development programs can effectively be used to develop and improve the physical education programs for handicapped children. Inservice can be used to provide overview information, address specific areas of interest or concern such as assessment, provide time to observe model programs, or offer "hands-on" teaching experience with handicapped children. Staff development planning should emphasize long-term developmental programs with follow-up and actual implementation with children.

SUMMARY

The development and operation of physical education programs for handicapped children involves administrative responsibilities related to staffing, scheduling, and inservice. A team approach to programming and problem solving is suggested. Many people, including administrators, teachers, parents, and medical personnel, should be involved in making physical education decisions.

PROGRAM CONTENT

CHAPTER 4

PROGRAM CONTENT

WHAT PHYSICAL EDUCATION IS

Local school districts vary in the type of physical education programs offered and the content provided. Some emphasize movement exploration, guided discovery, or lifetime activities while others stress physical and motor fitness. Regardless of grade level and area of emphasis, physical education programs share some common goals. These include the development of physical and motor fitness, the development of fundamental motor skills and skills for participating in individual and/or group games and sports, and the creation of a positive self-concept for each child.

One of the difficulties confronting the education profession is terminology. Because of differing educational backgrounds, work experiences, and research data, similar terms may have vastly different meanings to educators. To promote a common basis for discussion, the core components and content of physical education for all children, including the handicapped, are defined as follows:[2]

Physical Fitness

Clarke has defined physical fitness as "the ability to carry out daily tasks with vigor and alertness, without undue fatigue, and with ample energy to engage in leisure time pursuits and to meet the above average physical stresses encountered in emergency situations."[3] Physical—or health-related fitness is defined by Gallahue as containing the following components:[4]

1. Muscular strength—the ability to perform one maximum (muscular) effort.
2. Muscular endurance—the ability to perform a movement task over a prolonged period of time.
3. Flexibility—the ability to move a joint through its full range of motion without undue resistance or pain.
4. Cardiorespiratory endurance - the ability of the heart, lungs, and vascular system to function efficiently at a high rate for an extended period of time (in excess of 3½ minutes).

[2]The information related to terminology was adapted from Project MOBILITEE materials, Hopewell Special Education Regional Resource Center, Hillsboro, Ohio.

[3]H. Harrison Clarke, *Physical Fitness News Letter*, University of Oregon, February 1979.

[4]David L. Gallahue, *Motor Development and Movement Experiences for Young Children* (New York: John Wiley and Sons, 1976). p. 8.

PROGRAM CONTENT

Motor Fitness

According to Gallahue, motor fitness or motor ability is defined as the motor components that are necessary to perform an activity efficiently and skillfully.[5] These components include the following elements:

1. Speed—the ability to move from one point to another over the shortest distance in the shortest possible time.
2. Agility—the ability to alter quickly the direction and/or speed of a movement.
3. Power—the ability to exert a maximum (explosive) force in the shortest possible time.
4. Balance—the ability to maintain control of one's body against the force of gravity.
   a. static balance—the ability to maintain control of one's body while in a stationary position.
   b. dynamic balance—the ability to maintain control of one's body while the body is moving.
5. Coordination—the ability to integrate several different kinds of movements into a single effective pattern.

Fundamental Motor Skills

Gallahue describes fundamental motor skills as the basic movement skills and patterns that are being developed and refined during early childhood that, when combined, result in specific game- and sports-related skills.[6] These may include, but are not limited to, skills such as throwing, catching, running, striking, jumping, hopping, and kicking.

Skills for Participating in Aquatics, Dance, Games, and Sports

An individual who demonstrates mature, or almost mature, fundamental motor skills and adequate levels of physical and motor fitness could be said to be demonstrating a functional level of performance in those areas if he or she were utilizing them in a game, sport, or dance, or in aquatics. If a child demonstrates those levels of performance in controlled environments, but does not successfully participate in aquatics, dance, games, or sports, the problem may be related to areas other than physical performance. For this individual, the physical education program may need to be concerned with developing the social skills or positive concepts necessary for participating in activities.

[5]Gallahue, op. cit. p. 9.
[6]Gallahue, op. cit. p. 7.

COURSE OF STUDY

COURSE OF STUDY DEVELOPMENT

Physical education content for handicapped children should be based on regular courses of study. There are several approaches to course of study adaptation which may be used by a school district, depending on the preference of the staff and administration and the needs of children. Options include

1. One course of study suitable for all children, handicapped as well as nonhandicapped. No supplement or separate section for handicapped children is included.
2. One basic course of study applicable to all children, nonhandicapped and handicapped, supplemented by an instructional guide addressing the specific needs of children with handicaps. This supplement or instructional guide could include the use of alternative resource materials, suggestions for equipment adaptation, modifications for selected subject objectives, or differing policies for evaluation.
3. Two separate courses of study, one to serve nonhandicapped and most handicapped children and another with different philosophical statements, goals, and objectives to serve handicapped children whose needs are deemed distinct from those of other children.

Although the final decision is made by school district personnel based on local needs, it is recommended that one course of study be developed to include all children, handicapped and nonhandicapped. Handicapped children usually can be educated successfully, following the same overall philosophy, goals, and objectives as nonhandicapped children.

The recommendation for one document does not preclude the individualized education which must be offered to handicapped children. Teachers will begin in the course of study with those subject objectives appropriate to individual children and progress through the scope and sequence at a rate that meets each child's needs. Methods of instruction, pieces of equipment, materials, assessments, and specific activities would be adapted to accommodate the needs of the handicapped child.

The needs of handicapped children can be addressed in the various components of a regular physical education course of study. The examples which follow include program philosophy, program goals, program and subject objectives, evaluation policies, and the optional component of position statements regarding critical issues. It must be remembered that not all handicapped children have low skill levels in physical education; many are talented and highly skilled.

COURSE OF STUDY

Program Philosophy

Philosophy statements can be written to apply to all children and should express beliefs about the importance of physical education in the total school program for every child.

Sample Philosophy Statement

- Physical education is an integral part of the total educational development of every student.

Program Goals

Program goals are broad general statements which define the overall nature and content of physical education. In examining the population of handicapped children in light of the general goals of physical education, it becomes apparent that these goals are just as important to handicapped children as they are to those who are nonhandicapped.

Sample Program Goals

- The child will demonstrate socially acceptable behavior in physical activities.
- The child will be provided instruction in the principles of body structure and care; the degree of fitness necessary for optimal motor functions; and the importance of physical activity to growth, development, and general good health.

Scope and Sequence: Program and Subject Objectives

Identification of physical education objectives follows logically from goal statements. Physical education objectives identify specific concepts and skills to be acquired. As objectives are developed, they represent the breadth and depth of the physical education program.

Once content has been selected, it must be arranged in a logical order to promote effective learning. Specific perceiving and producing subject objectives are arranged in a sequential series. Subject objectives arranged in sequence represent the hierarchical order of learning behaviors. The sequence of subject objectives may vary. Individual instruction, group instruction, theory study, and exploratory study are examples of considerations that may affect the organization of the learning sequence. One learning sequence organization might be arranged in levels of difficulty and be based on a unit approach. Teachers who are developing courses of study will need to agree on what variety of sequences will best fit their students and styles of teaching before selecting subject objectives and arranging them in order.

COURSE OF STUDY

Program and subject objectives can generally apply to all children, handicapped or nonhandicapped. This does not preclude the individualization which must occur in the education of some handicapped children. Subject objectives are a primary resource to be used in the development of IEPs. However, the following factors must be considered with regard to handicapped children: (1) grade level where objectives are attained may vary; and (2) all objectives may not be appropriate for all children.

Sample Subject Objectives

- The child will accelerate and decelerate.
- The child will be aware of the sides of the body and know left from right.
- The child will follow safety rules in all activities.
- The child will demonstrate and participate in a regular fitness activity.

Evaluation

Clearly defined procedures should be established for evaluating handicapped children in physical education classes.[7] In most cases the regular grading policy may be used with handicapped children. However, in some situations individualized evaluation procedures may need to be developed.

Evaluation should reflect appropriate course of study objectives, IEP objectives, and learning styles. An evaluation plan should also reflect the objectives to be met by the class placement. For example, placement in a mainstreamed class may have multiple purposes including the development of social skills.

The following options are examples of those used to evaluate handicapped students.

Contracting: Both the teacher and the child agree upon the specific activities and behaviors to be accomplished for a particular grade or course completion.

Multiple grade factoring: The child is rewarded for accomplishments and progress while also being evaluated in relation to the achievement of other children. Separate grades given for achievement, growth, and effort would be averaged for one overall grade.

Mastery steps: A desired level of achievement is determined for the student. Assessment is then based upon the mastery of a specific number of progressive steps requiring specific skills and knowledge for accomplishment. The level reached determines the child's grade.

[7]In this section, the term evaluation is used to describe the periodic grading or other procedure used to record and report pupil progress.

COURSE OF STUDY

Point system: Points are given to each child for the accomplishment of specified activities and are accumulated for a grade.

"Handicapping": The child is automatically given "extra" points as in bowling or golf. Such a system is particularly valuable when the child needs extra time to accomplish objectives successfully or to do certain activities.

Grade weighing: Percentages of the final grade are awarded with consideration given to the child's cognitive, affective, and psychomotor abilities.

Position Statements

Position statements, policies, or procedures are optional components of a course of study. However, the inclusion of position statements on critical issues in the course of study indicates board of education approval and administrative support. Well-stated positions in areas of concern help to eliminate many administrative and organizational problems. Examples of areas of concern related to handicapped children include

- How to provide appropriate instructional experiences in physical education to handicapped children, medically restricted students, or children with other special needs
- How to provide for communication among all teachers who serve handicapped children
- How to organize and manage class activities for handicapped children in relation to scheduling and placement in the least restrictive environment
- How to provide extracurricular activities to all children
- How to determine medical examination requirements and establish policies and procedures regarding medical excuses from participation in instructional activities.

Individualizing and personalizing instruction for handicapped children may involve adjusting the content, facilities, equipment, instructional means, and evaluation methods to meet the needs of learners. Children do have diverse needs in physical education. These needs can usually be addressed with the use of research, creative teaching methods, and a single course of study document.

INSTRUCTIONAL MODIFICATIONS

It is the physical educator who must provide the methods and strategies to implement the least restrictive environment and an appropriate program for handicapped children. This can require adapting and modifying physical education activities to accommodate the child.

INSTRUCTIONAL MODIFICATIONS

Many adaptations and changes can be made in regular physical education activities to assist handicapped children in succeeding in the regular physical education program. The key is to task-analyze variables in an activity, and modify the factor(s) necessary to allow the student to participate successfully. The following section describes various adaptation strategies that can be used to accommodate handicapped children in regular physical education classes.[5]

Applications for the Learner

1. Use the most effective verbal or nonverbal means of communicating with the child.

   The communication method handicapped individuals use to express their thoughts or to understand what others are saying is not always achieved by conventional means. For example, the physical education teacher may need to learn some basic signing skills to aid the hearing handicapped child. In the case of a visually handicapped child, the teacher will need to be specific when giving verbal instructions relative to position, direction, or location of movement in space. Films, pictures, or other audiovisual aids could be used for hearing impaired or developmentally handicapped children.

   Using language and concepts within the individual's field of comprehension should be considered when teaching developmentally handicapped children. One should not assume that a retarded child who may have motor skills comparable to nonhandicapped peers has vocabulary or conceptual skills at the same level. Such an assumption can create communication problems and frustration for the child.

2. Apply a multisensory approach in teaching motor skills to the handicapped child.

   Although the multisensory approach should be applied in teaching any child, it is particularly important to handicapped children. Too often only the visual and auditory modes of learning are used when teaching a motor skill; tactile or proprioceptive modes need to be considered as well. Manipulation through a movement along with verbal prompting can stimulate awareness and facilitate learning. Using different colors or textures on equipment or in certain areas of the facility can provide a point of reference for the student as can a "beeper" ball. A multisensory approach is especially helpful for visually impaired and severely retarded children.

[5]Walter F. Ersing, et. al., *Integrating the Handicapped Student in Physical Education: Guidelines for Teaching at the Secondary School Level.* (Columbus, Ohio: The Ohio State University, 1983), pp. 11-16.

INSTRUCTIONAL MODIFICATIONS

Applications Within the Learning Environment

1. Focus on the functional motor and physical abilities of the handicapped child rather than the disabilities.

   To maximize the handicapped child's involvement in all types of movement experience, the teacher must first analyze and concentrate on what the handicapped child can do. If the disability or what the individual is not able to do motorically becomes the prevailing thought of the teacher, the tendency will be to limit the child's involvement in movement experiences. The challenge is to think in terms of the functional capabilities and determine how a child can learn a skill.

2. Adapt environmental factors to facilitate learning and participation of handicapped children in motor activities.

   Many times environmental factors can be modified to maximize abilities without distracting from the overall purpose of a movement experience. For example, by controlling the speed of an object, the complexity of a skill such as kicking can be changed. Applying such a modification might simply involve kicking a stationary ball in preference to a moving one. The chart below lists environmental factors that can be modified to reduce the complexity of a skill and thus enhance the involvement of the handicapped child in a given motor activity.

Environmental Factor/ Variable	*Range of Modification (Simple to Complex)*
Weight of object	Light to heavy objects
Size of object	Small to large objects and/or large to small
Speed	Stationary to fast moving
Area or distance	Small or large play areas
Nature of mobility	Use of rolling aids to independent mobility (e.g., scooter board)
Consistent placement of equipment	Safety implications for visually handicapped children or children with ambulatory problems
Level or position of activity	Supine/prone or stationary position of the body to a standing moving position
Degree of Dependence	Full dependence with total assistance to active dependence with some assistance to full independence with no assistance from teacher
Color/Texture	Different colors/shades and textures for identification

INSTRUCTIONAL MODIFICATIONS

Adaptations of an environmental factor within a motor activity *should approximate as nearly as possible the true activity* experience. Radical modification of selected factors in a game or movement experience can emphasize the handicapped child's differences from the nonhandicapped children in the class.

3. Interchange positions or roles.

   Games such as softball can be modified to permit nonhandicapped individuals to run for orthopedically handicapped children or to run with visually handicapped children.

4. Incorporate activities which facilitate close proximity and contact with an object or another partner.

   There are many activities such as dance or track which demand continual or close contact between partners or small groups.

5. Use of adapted equipment or prosthetic devices.

   Adapted equipment should be used with prudence. Whenever possible, handicapped children should be encouraged to use the functional capabilities of their bodies and not become dependent upon an adapted device unless it is essential to involvement in a given activity. For example, an individual with a below the elbow amputation will need an adapted glove to grip the bow in archery.

6. Avoid play or activity situations which tend to devaluate the self concept.

   Though this guideline is applicable to any teaching situation, it is particularly important when integrating handicapped children into a regular physical education class. Modifying elimination type activities such as dodgeball or jump-the-shot by charging points when hit or counting the number of contacts with the ball keeps the basic motor intent of the games, but does not place a child in a socially embarrassing situation. In addition, individuals are given a greater opportunity to participate in the group experience for a longer period of time.

   The method used in arranging or selecting teams for a game can be another socially degrading experience. Teachers should not use techniques which result in the less-skilled children being selected last. Such situations can be avoided by having the children count off by numbers and then combining numbers to form the groups, or by having the teacher arrange teams.

   Selecting motor activities which are not appropriate to the chronological age of the handicapped child can also be a degrading experience. The teacher should not underestimate the abilities of the handicapped child and thus expect too little.

INSTRUCTIONAL MODIFICATIONS

7. Modify the nonhandicapped child's role in activities or game rules to enhance integration of the handicapped child.

   There are opportunities for the physical educator to design experiences which will permit nonhandicapped children to assist handicapped children or to assume a functional ability similar to that of the handicapped. Taking advantage of these opportunities does not distract from the educational experience of the nonhandicapped children. For example, a nonhandicapped child could share roles in a game by pushing the wheelchair of a cerebral palsied child or running along with a visually handicapped individual. The use of a "substitute courtesy runner" in situations when a child is not able to run is another example of role modification for the nonhandicapped.

   Another modification that can be used is to require a movement skill of nonhandicapped children which is the primary means of movement for a handicapped child. For example, walking movements may be substituted in place of running when children with lower extremity disabilities are participating in a game or relay. This technique, when used with discretion, can be an effective method of challenging the motor capabilities of everyone in the class.

   Modifying game rules can also be an effective means of encouraging the handicapped child to participate in a conventional role within an activity. Requiring the nonhandicapped players to throw to second base and then to first in order to get a player, moving in a wheelchair, out at first base in a baseball game is one illustration of a rule modification.

8. Analyze the movement requirements of the participant's role(s) in games, sports, or activities to determine the most desirable involvement by handicapped children.

   Many movement experiences are characterized by unique functional requirements or motor abilities. The motor requirements of a role-playing position in a game, sport, or motor activity should be analyzed. Once the required skills have been determined, they should be matched to the functional abilities of a handicapped child in such a way as to maximize the child's involvement in the movement experience in as normal a manner as possible. For example, a child with an amputated arm might be more successful as a field player in soccer than as a goalie. The child with asthma who is not permitted to participate in a sustained cardiovascular activity or a child with an activity-limiting cardiac condition might be used best as a goalie in many sports or games.

INSTRUCTIONAL MODIFICATIONS

Movement analysis may indicate the need to substitute or combine certain parts of a skill. For example, a child with a paralyzed arm can combine the toss and swing of a serve with the functional arm and thus play various racquet games within a recognizable context.

SUMMARY

The content for physical education for the handicapped should be based on regular courses of study and include areas such as physical fitness, motor fitness, fundamental motor skills, and skills for participating in games, sports, and recreational activities. The use of a regular course of study does not preclude the individualization and modifications that may be necessary for some handicapped children.

MEDICAL CONSIDERATIONS

CHAPTER 5

MEDICAL AND SAFETY CONSIDERATIONS

MEDICAL CONSIDERATIONS

It is necessary for teachers and administrators to develop a positive working relationship with physicians and other related medical personnel in the community. Current and relevant medical information is critical to the development of a safe and appropriate physical education program for handicapped children. Several medical issues need to be addressed including these:

- Recommendations for physical education programming, including functional abilities and limitations.
- Elimination of medical excuses from physical education.
- Knowledge of any special medical conditions, procedures, or medications.

Program Recommendations

Children who have handicaps, injuries, or other medical problems are sometimes given doctors' excuses from physical education class for a specified or indefinite period of time. Physical educators and administrators are placed in a difficult position by such excuses. Is a child with a medical excuse removed from class activities? How is the child graded for the time of inactivity? Such questions are difficult for school personnel to resolve and often create problems for the child. The physical educator's goal is to obtain information from doctors that will permit appropriate limited activity.

The following steps may help school personnel minimize the number of excuses from physical education classes.

- A program evaluation should be conducted to review problems, identify needs, and determine how modified physical education programs can best be provided for medically-restricted children.
- Teaching staff, administrators, and others such as parents and school nurses should be involved in program review and development.
- School personnel should identify the information from physicians that is needed to modify physical education programs to meet individual needs. Examples include information related to functional abilities and limitations.

SAFETY CONSIDERATIONS

- School personnel need to have the knowledge and willingness to modify physical education activities to meet a wide range of needs. Modifications should be on a continuum from slight changes such as allowing students additional rest time to very restricted programs involving little or no exertion. Quality programming can be provided at all levels.
- A medical form should be developed.
- Public relations activities with physicians and parents are necessary.
- Follow-up by school personnel when an excuse is received or a problem occurs will minimize reoccurrences.

Medication and Physical Activity

A variety of medications are used in the treatment of individuals with various handicapping conditions. Some drugs can have significant effects on motor performance. Physical educators should receive information about children who are taking medication and should know about potential changes medication may cause in motor skills.

Side effects such as dizziness, faintness, mental confusion, muscle tremor, muscle weakness, visual abnormalities, muscle malfunctions, disorientation, fatigue, sleepiness, and depression can affect performance in many individual and team sports. It must be recognized that the incidence and severity of these adverse effects depend upon many complex factors. This makes it all the more critical to view each child individually. If there are questions or concerns related to medication, a health care professional should be consulted.

SAFETY CONSIDERATIONS

Pupil injuries occur more frequently in the area of athletics and physical education than in all other educational areas. Recent legislation and litigation reflect society's increasing interest in assuring that children are educated in environments that provide for their health and safety and that they are supervised by capable and responsible personnel. Safe programming for handicapped children in physical education must be a primary concern of teachers and administrators. Preventive measures which establish safety as a priority can lessen the chance of litigation and can also lessen the chance of being found liable if a suit is filed.

The information presented is intended to raise awareness and promote safe physical education programs for all children. Injuries will always be a part of physical education, but the safety and health of children must have the highest priority. The purpose here is to discuss basic terminology related to tort liability, and to establish recommendations which can help teachers and administrators con-

SAFETY CONSIDERATIONS

duct safe programs. Primary issues related to litigation and physical education are defective facilities or equipment, inadequate instruction, and poor supervision.

The following information is limited in scope since interpretations and generalizations may be affected by unreported court cases or by cases in litigation at the time of publication. In addition, legal determinations can vary according to the unique details of each situation, and exceptions to precedents can occur at any time.

Basic Legal Terminology and Concepts

Physical education personnel need to understand basic legal terms and concepts if they are to interpret properly the total perspective of negligence, liability, and physical education. The concept of negligence is defined as follows:

> Every person is negligent when without intending any wrong, he does such an act or omits to take such a precaution that under the circumstances he, as an ordinary person, ought reasonably to foresee that he will thereby expose the interest of another to an unreasonable risk of harm and this results in the injury of another.[9]

In deciding if negligence has occurred, a person's actions are compared to what the court considers to be the behavior of a reasonable person. A physical educator is expected to exercise the skill and have the knowledge normally possessed by a qualified physical education teacher.

A definition of negligence includes an omission, a failure to act when there is a duty or responsibility to behave in a manner necessary for the safety of another. An example of an act of omission is the failure to provide necessary first aid.

If negligence is not the result of an omission, then it is an act of commission which involves the performance of an unreasonable act that contributed to the injury of another. An example of commission would be moving an injured child improperly, thus creating additional injury.

Four elements must exist for negligence to occur: (A) a duty to protect others from unreasonable risk, foreseeability; (B) a failure to exercise a standard of due care, breach of duty; (C) conduct which is the proximate cause of the injury; and (D) the occurrence of actual emotional or physical loss.

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[9]Osborn v. Montgomery, 234 N.W. 372.

SAFETY CONSIDERATIONS

Program Recommendations

Physical educators and administrators can follow many practices to minimize injuries and promote safe physical education programs. These practices can be integrated as an important part of the total physical education program for all children, including the handicapped.

Supervision

1. Children should always be supervised by qualified, properly certificated personnel. The degree of supervision needed varies according to factors such as the age and maturity of the child, the handicapping condition, and the type of activity. Extra caution should be exercised by teachers during high risk activities, such as gymnastics, where a high degree of specific supervision is required.

Proper Instruction

1. The techniques that physical educators use and the skills they teach should be recommended, and preferably documented, by recognized experts, leaders, or resources in physical education.
2. Safety instruction should be included in physical education activities. The mechanisms of potential injury as well as steps to avoid and prevent injuries should be explained to each child. This instruction should be organized for consistency, and major points should be documented. Lesson plans may be used for such documentation.
3. Instruction and communication methods should be appropriate for the child's handicapping condition.

Equipment and Facilities

1. Equipment should meet with the approval of recognized athletic and professional organizations. If the equipment is significantly different from that recommended by respected experts or leaders, it should not be used.
2. Regular and documented safety and maintenance checks should be made on all equipment and facilities.
3. Replace worn out equipment. No "hand-me-downs" should be given to younger children if the equipment's protective capabilities are reduced.
4. Repair and maintenance should be consistent with manufacturer's specifications. Only replacement parts intended for specific equipment should be used.

SAFETY CONSIDERATIONS

5. Once a decision is made to replace unsafe equipment, the old equipment should be destroyed to prevent accidental use.
6. Teachers, children, and parents should know the protective limitations of equipment and should realize that no equipment is totally protective.
7. Handicapped children may need to have adapted equipment or may need to use additional safety measures. For example, a child with very poor balance or uncontrolled seizures may require a helmet for certain activities.

Medical and First Aid Considerations

1. Physical education personnel should keep apprised of the latest information on teaching, conditioning, safety, first aid, and legal liability by attending classes or seminars and reading professional literature.
2. Teachers should be prepared to offer emergency first aid; however, teachers should not attempt to diagnose medical problems or prescribe medication.
3. School personnel should be aware of the facilities available at various hospitals and of those best equipped to handle serious emergencies.
4. Emergency first aid equipment should be readily available.
5. Sound, written policies and procedures related to emergency medical planning should be established.
6. When an injury occurs, it must be given immediate attention and priority.
7. Physical educators should be aware of medical conditions or medications which may affect a handicapped child's motor performance and educational program.

Policies, Rules, and Regulations

1. Physical educators should emphasize rules repeatedly, especially those designed for safety (e.g., spotting techniques in gymnastics). Written copies of rules can be distributed, and the child's handicapping condition and method of communication must be considered.
2. If a teacher sees a rule violation, the rule should be brought to the child's attention and explained again.

SAFETY CONSIDERATIONS

3. School districts should establish policies and procedures regarding areas such as medical considerations, travel, and supervision. These policies and procedures should be specified in a handbook and distributed to all involved parties, including children and parents.

Documentation and Records

1. Physical educators should maintain precise and complete written records, including notices of facility or equipment defects sent to administrators; health records and any other related medical information; and reports on all injuries, even minor ones.
2. Any equipment involved in a severe injury or any films or photographs of the injury should be stored.
3. If possible, statements should be obtained from witnesses to an accident although witnesses are not legally required to give or sign a statement.

Public Relations

1. Physical educators should maintain good rapport with handicapped children, their families, and the community.

Insurance

1. School districts should offer an adequate medical policy to children and encourage parents to add a supplemental policy. Medical care and catastrophic injury coverage should be included.
2. Teachers and athletic personnel should have adequate liability coverage and should be aware of policy exclusions. Insurance is available from many sources including policies purchased by school districts for employees, policies purchased through professional organizations, and personal insurance policies or riders on policies.

Additional Areas of Concern

Several more issues should be mentioned in a discussion related to child safety, injuries, and liability in physical education. These include transportation, attractive nuisance, and "release" forms.

Physical educators should be sure that children are covered by insurance whenever they are being transported. Transportation is often not included in "business pursuits" or "professional" liability insurance; coverage usually needs to come from another individual or school policy.

SAFETY CONSIDERATIONS

Attractive nuisance is an "unsafe" condition which may attract children and lead to an injury. An example would be an unlocked area housing a swimming pool or trampoline. Even though a child may be trespassing, it could be held that the child was attracted to the property. Therefore, such equipment or facilities should be locked when no supervision is present. Courts have generally ruled that playground equipment is not an attractive nuisance.

Occasionally, schools have had parents sign "release" forms which state that teachers or other school personnel are not liable if any injury occurs. Such "release" forms have little or no legal value.

SUMMARY

Medical and safety considerations were included in this publication because of their importance and broad program implications. School personnel should have close working relationships with medical professionals. This will enable them to receive program considerations, eliminate excuses, and maintain current medical information. A review of medical considerations leads to the broader topic of safety.

RESOURCES

CHAPTER 6

RESOURCES

PHYSICAL EDUCATION PROFESSIONAL ORGANIZATIONS AND ASSOCIATIONS

American Alliance for Health, Physical Education, Recreation and Dance
1900 Association Drive
Reston, VA 20091

Ohio Association for Health, Physical Education, Recreation, and Dance
2311 Gardendale
Columbus, OH 43219

National Consortium on Physical Education for the Handicapped
Appalachian State University
Department of Special Education
Boone, NC 28607

ASSOCIATIONS AND ORGANIZATIONS SERVING HANDICAPPED CHILDREN

All Handicapping Conditions

American Academy of Pediatrics
P.O. Box 1034
Evanston, IL 60204

American Camping Association
Bradford Woods
Martinsville, IN 46151

American Coalition of Citizens with Disabilities
1346 Connecticut Avenue, South
Suite 1124
Washington, DC 20036

American Medical Association
535 N. Dearborn Street
Chicago, IL 60610

American National Red Cross (Adapted Aquatics)
17th and D Street, N.W.
Washington, DC 20000

RESOURCES

American Occupational Therapy Association, Inc.
251 Park Avenue, South
New York, NY 10010

American Physical Therapy Association, Inc.
1156 15th Street, N.W.
Washington, DC 20005

American Psychiatric Association
1700 18th Street, N.W.
Washington, DC 20009

American Public Health Association, Inc.
1015 18th Street, N.W.
Washington, DC 20036

Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

International Society for Rehabilitation of the Disabled
219 E. 44th Street
New York, NY 10017

National Education Association
1201 16th Street, N.W.
Washington, DC 20036

National Recreation and Parks Association
1601 N. Kent Street
Arlington, VA 22209

National Rehabilitation Association
1522 K Street, N.W.
Washington, DC 20005

National Therapeutic Recreation Society
1601 N. Kent Street
Arlington, VA 22209

Office of Special Education
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202

Autism

National Society for Autistic Children
169 Tampa Avenue
Albany, NY 12208

RESOURCES

Deaf/Blind

National Association for the Deaf/Blind
2703 Forest Oak Circle
Norman, OK 73071

Hearing Handicapped

Alexander Graham Bell Association for the Deaf, Inc.
1537 30th Street, N.W.
Washington, DC 20007

American Association for the Deaf
P.O. Box 105
Talladega, AL 35160

National Association of the Deaf
814 Thayer Avenue
Silver Spring, MD 20910

Orthopedically and Other Health Handicapped

American Academy for Cerebral Palsy
University Hospital School
Iowa City, IA 52240

American Diabetes Association
18 East 48th Street
New York, NY 10017

American Heart Association
44 East 23rd Street
New York, NY 10010

American Wheelchair Bowling Association
Route 2, Box 750
Lutz, FL 33549

Arthritis Foundation
1212 Avenue of the Americas
New York, NY 10036

Epilepsy Foundation of America
17828 L Street, N.W.
Washington, DC 20036

Muscular Dystrophy Association of America, Inc.
1790 Broadway
New York, NY 10019

National Amputation Foundation
12-45 150th Street
Whitestone, NY 11357

RESOURCES

National Amputee Skiing Association
3788 Walnut Avenue
Carmichael, CA 95608

National Cystic Fibrosis Research Foundation
521 5th Avenue
New York, NY 10017

National Easter Seal Society for Crippled Children and Adults
2023 W. Ogden Avenue
Chicago, IL 60612

National Foundation for Asthmatic Children
5601 W. Trails End Road
P.O. Box 5114
Tuscon, AZ 85703

National Foundation for Neuromuscular Diseases
250 W. 57th Street
New York, NY 10019

National Hemophilia Foundation
24 W. 39th Street
New York, NY 10018

National Multiple Sclerosis Society
257 Park Avenue, S.
New York, NY 10010

National Paraplegia Foundation
333 N. Michigan Avenue
Chicago, IL 60601

National Wheelchair Athletic Association
4024 62nd Avenue
Woodside, NY 11377

National Wheelchair Basketball Association
Rehabilitation-Education Center
Oak Street and Stadium Drive
University of Illinois
Champaign-Urbana, IL 61820

Spina Bifida Association of America
343 S. Dearborn Street, Room 319
Chicago, IL 60604

United Cerebral Palsy Association, Inc.
66 East 34th Street
New York, NY 10016

RESOURCES

Speech Handicapped

American Speech and Hearing Association
10801 Rockville Pike
Rockville, MD 20852

Visually Handicapped

American Blind Bowling Association
P.O. Box 306
Louisville, KY 40201

American Council for the Blind
1211 Connecticut Avenue, N.W.
Washington, DC 20006

American Foundation for the Blind
15 W. 16th Street
New York, NY 10011

American Junior Blind Bowling Association
4244 Heather Road
Long Beach, CA 90808

National Federation of the Blind
1346 Connecticut Avenue, N.W.
Suite 212, Dupont Circle Building
Washington, DC 20036

National Track and Field Committee for the Visually Impaired
4244 Heather Road
Long Beach, CA 90808

Severe Learning Disabled

National Association for Children with Learning Disabilities
4156 Library Road
Pittsburgh, PA 15234

Developmentally Handicapped

The Association for Severely Handicapped
7010 Roosevelt Way, N.W.
Seattle, WA 98115

Ohio Special Olympics, Inc.
135 N. Hamilton Road
Gahanna, OH 43230

Special Olympics, Inc.
1701 K Street, N.W.
Washington, DC 20006

RESOURCE CENTERS

Joseph P. Kennedy, Jr. Foundation
1701 K Street, N.W.
Suite 205
Washington, DC 20006

National Association for Down's Syndrome
P.O. Box 63
Oak Park, IL 60303

National Association for Retarded Citizens
2709 E. East Avenue
P.O. Box 6109
Arlington, TX 76011

OHIO SPECIAL EDUCATION REGIONAL RESOURCE CENTERS

A Special Education Regional Resource Center (SERRC) is a federally-funded agency which assists in assuring that every handicapped child in Ohio receives a free and appropriate education, including physical education. The SERRC provides multidistrict special education services. Currently, sixteen SERRCs throughout Ohio provide services to all school districts in the state and all handicapped children enrolled in those districts.

Any school staff person serving a handicapped child as well as parents and other individuals involved in the education of handicapped children can use the SERRC. This includes physical education teachers working in a "mainstreamed" setting.

The SERRC provides a variety of services including information; technical assistance; consultation; assessment; inservice; and a library containing reference materials, instructional materials, and media. Materials and inservice specifically in the area of physical education for handicapped children are usually available.

A SERRC is composed of three projects which are supported by Title VI-B federal funds (P.L. 94-142). All SERRC functions have a common goal: to improve the quality of education for handicapped children in Ohio. The project services are as follows:

The Identification and Program Development Project (IPD)—The IPD Project assists participating school districts in providing and developing a total educational program for handicapped children. Services such as child identification, program development, and program management are provided.

RESOURCE CENTERS

The Educational Assessment Project (EAP)—The EAP Team provides specialized assessment and consultant services to suspected handicapped children birth through age 21 residing in the SERRC area. Referrals are received from school district personnel, local agency personnel, other professionals, and parents. Assessment data are sent to the appropriate school district, and the EAP Team can also assist in the development of IEPs.

The Instructional Resource Center Project (IRC)—The IRC presents workshops and inservice programs, disseminates instructional materials and professional literature, and aids in the development and dissemination of new materials and promising educational practices for handicapped children. SERRCs have newsletters available upon request, and materials may be borrowed from the library. As previously mentioned, motor development and physical education resources are usually available.

As one can see, there are many materials and services available to physical educators at the resource centers. The SERRC is there to serve the needs of teachers, parents, and others who are involved in the education of Ohio's handicapped children.

Special Education Regional Resource Center Locations

Name and Address	*Counties Served*
Central Ohio 470 Glenmont Avenue Columbus, OH 43214 614-262-4545	Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, and Union Counties
Cuyahoga 14605 Granger Road Maple Heights, OH 44137 216-587-5960	Cuyahoga County
East Central 152 Second Street N.E. New Philadelphia, Ohio 44663 216-343-3355	Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, Noble, and Tuscarawas Counties
East Shore 7900 Euclid-Chardon Road Kirtland, OH 44094 216-256-8483	Geauga and Lake Counties
Hopewell 5799 West New Market Road Hillsboro, OH 45133 513-393-1904	Adams, Brown, Clinton, Fayette, and Highland Counties

RESOURCE CENTERS

Lincoln Way 1450 West Main Street P.O. Box 166 Louisville, OH 44641 216-875-2423	Columbiana, Stark, and Wayne Counties
Miami Valley 1830 Harshman Road Dayton, OH 45424 513-236-9965	Clark, Darke, Greene, Miami, Montgomery, and Preble Counties
Mid-Eastern Ohio 2226 23rd Street Cuyahoga Falls, OH 44223 216-929-6634	Medina, Portage, and Summit Counties
North Central Ohio 2200 Bedford Avenue Mansfield, OH 44906 419-747-4808	Ashland, Crawford, Knox, Marion, Morrow, Richland, and Wyandot Counties
North East Ohio 409 Harmon Street, N.W. Warren, OH 44483 216-394-0310	Ashtabula, Mahoning, and Trumbull Counties
Northern Ohio 218 North Pleasant Street Room #100 Oberlin, OH 44074 216-775-2786	Erie, Huron, and Lorain Counties
Northwest Ohio 10142 Dowling Road, RR #2 Bowling Green, OH 43402 419-833-6781	Defiance, Fulton, Hancock, Henry, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, and Wood Counties
Pilasco-Ross 411 Court Street Portsmouth, OH 45662 614-354-4526	Lawrence, Pike, Ross, and Scioto Counties
Southeastern Ohio 507 Richland Avenue Athens, OH 45701 614-594-4235	Athens, Gallia, Hocking, Jackson, Meigs, Monroe, Morgan, Perry, Vinton, and Washington Counties
Southwestern Ohio 415 Herman Street Cincinnati, OH 45219 513-241-8641	Butler, Clermont, Hamilton, and Warren Counties
West Central Ohio #6, Box A-3 North Dixie Highway Wapakoneta, OH 45895 419-738-9224	Allen, Auglaize, Champaign, Hardin, Logan, Mercer, and Shelby Counties

TEACHER PREPARATION PROGRAMS

OHIO COLLEGES AND UNIVERSITIES WITH TEACHER PREPARATION PROGRAMS IN PHYSICAL EDUCATION

College/University	*Location*
University of Akron	Akron
Ashland College	Ashland
Baldwin-Wallace College	Berea
Bluffton College	Bluffton
Bowling Green State University	Bowling Green
Capital University	Columbus
Cedarville College	Cedarville
Central State University	Wilberforce
University of Cincinnati	Cincinnati
Cleveland State University	Cleveland
University of Dayton	Dayton
Defiance College	Defiance
Denison University	Granville
Findlay College	Findlay
Heidelberg College	Tiffin
Hiram College	Hiram
John Carroll University	Cleveland
Kent State University	Kent
Lake Erie College	Painesville
Marietta College	Marietta
Miami University	Oxford
College of Mt. St. Joseph on the Ohio	Mt. St. Joseph
Mount Union College	Alliance
Mount Vernon Nazarene College	Mt. Vernon
Muskingum College	New Concord
Ohio Dominican College	Columbus
Ohio Northern University	Ada
Ohio State University	Columbus
Ohio University	Athens
Ohio Wesleyan University	Delaware
Otterbein College	Westerville
Rio Grande College	Rio Grande
University of Toledo	Toledo
Urbana University	Urbana
Wilmington College	Wilmington
Wittenberg University	Springfield
Wooster College	Wooster
Wright State University	Dayton
Youngstown State University	Youngstown
Xavier University	Cincinnati

SERVICES

APPENDIX A

ADAPTED PHYSICAL EDUCATION SERVICES

Text from the Ohio Department of Education's Rules for the Education of Handicapped Children - 3301-51-05 (B).

1. Definition of Services

   a. Adapted physical education is specially designed instruction in physical education to meet the unique needs of a handicapped child, including individual and/or group instruction. In an educational or instructional setting, the services of the adapted physical education specialist shall include:

      (i) Providing an evaluation of abilities of motor and physical development as part of the multifactored evaluation;

      (ii) Assisting in the development of the individualized education programs;

      (iii) Providing, through comprehensive individual and/or group intervention strategies, instruction in order to enhance the individual's basic motor abilities, coordination, and physical and social-psychological performance;

      (iv) Maintaining current performance records to be made available to parents and school personnel; and

      (v) Providing consultation to children, parents, teachers and administrators regarding adapted physical education.

   b. The services of an adapted physical education specialist may include:

      (i) Providing inservice to school personnel and members of the community regarding adapted physical education; and

      (ii) Directing the activities of the teacher's aide as they relate to adapted physical education.

2. Housing, Facilities, Equipment, and Materials

   Adapted physical education instruction shall be provided in existing physical education facilities and designated for the use of the adapted physical educator during the scheduled times. When such an arrangement is not possible, an open floor area which is barrier free shall be provided to accommodate motor activities, games, and sports on an individual or group basis.

3. Qualifications

   a. The adapted physical education specialist shall:

      (i) Hold an Ohio special teaching certificate for teaching physical education, kindergarten through grade twelve;

      (ii) Have completed the course work for certificate validation for the moderately, severely, and profoundly retarded teaching area; and

      (iii) Possess twelve semester hours of course work in adapted physical education.

   b. The adapted physical education specialist shall hold an Ohio special education teacher's certificate for an adapted physical education specialist if such certificate is established by the State Board of Education.

EVALUATION INSTRUMENTS

APPENDIX B

EVALUATION INSTRUMENTS IN PHYSICAL EDUCATION FOR HANDICAPPED POPULATIONS

The following list of evaluation instruments available to physical educators is not comprehensive and caution should be taken to use tests for the purpose for which they are intended.[10] School personnel may also choose to use informal or locally developed evaluations.

Title: American Association on Mental Deficiency Adaptive Behavior Scale (ABS)

Authors: H. Leland, B. Libby, and K. Nihira

Date: 1975

Purpose/Population: The ABS is designed to provide objectives, descriptions, and evaluations of an individual's adaptive behavior. This is a behavior rating scale for children and adults that are mentally retarded, emotionally handicapped, developmentally disabled, and otherwise impaired.

Motor/Physical Components Tested: Sensory development (vision and hearing) and motor development (balance, walking, running, control of hands, and limb function).

Source: American Association on Mental Deficiency, 5201 Connecticut Ave., N.W., Washington, DC 20015.

Title: The Awareness, Manipulation, and Posture Index (AMP)

Author: Ruth Webb

Date: 1979, 9th revision

Purpose/Population: The AMP Index is intended to assess the sensory motor capabilities of profoundly retarded persons regardless of chronological age. Three principal areas of development are evaluated: awareness, manipulation, and static and dynamic balance.

Motor/Physical Components Tested: Awareness (avoidance, approach, and integration of memory with present stimuli); manipulation (response to objects, response to commands, and expression of intentionality); and posture (static and dynamic).

Source: Webb, Ruth. "Sensory-Motor Training of the Profoundly Retarded," *American Journal of Mental Deficiency,* 1979, 74(2), 283-295.

[10]Adapted from a paper developed by Walter Ersing and Barbara Miller at The Ohio State University, 1983.

EVALUATION INSTRUMENTS

Title: Assessment of Individual Motor Skills (AIMS)

Authors: Robert Strauss and Karen DeOreo

Date: 1979

Purpose/Population: AIMS is designed to assist the classroom teacher in establishing systematic assessment of children's motor-sensory skills in order to improve motor performance. It is especially useful in assessing elementary age children.

Motor/Physical Components Tested: Posture, body integration, body awareness, locomotor skills, and visual-motor skills (gross and fine).

Source: Education Service Center, 7703 N. Lamar Blvd., Austin, TX 78752.

Title: Basic Motor Ability Test—Revised (BMAT-R)

Authors: Daniel Arnheim and William Sinclair

Date: 1978

Purpose/Population: This instrument was developed to evaluate the selected motor responses of small and large muscle control, static and dynamic balance, eye-hand coordination, and flexibility in children from ages 4 to 12.

Motor/Physical Components Tested: Bead stringing, target shooting, marble transfer, back and hamstring stretch, standing long jump, face down to standing, static balance, basketball throw for distance, ball striking, target kicking, and agility run.

Source: Arnheim, Daniel D. and William A. Sinclair. *The Clumsy Child.* St. Louis: C. V. Mosby Company, 1979.

Title: Basic Movement Performance Profile (BMPP)

Authors: Hollis Fait and Richard Ness

Date: Revision and standardization, 1974

Purpose/Population: The BMPP is an instrument to measure basic movement abilities of ambulatory profoundly retarded children and adults.

Motor/Physical Components Tested: Locomotor skills (crawling, walking, running, climbing, jumping, dodging, and rolling); manipulative movements (carrying, hitting, pushing, pulling, throwing, catching, and kicking); balance (static and dynamic); and hanging.

Source: Fait, Hollis. *Special Physical Education: Adapted, Corrective, Developmental.* Philadelphia: W. B. Saunders, 1972.

EVALUATION INSTRUMENTS

Ness, Richard A. *"The Standardization of the Basic Movement Performance Profile for Profoundly Retarded Institutionalized Residents."* Unpublished dissertation, North Texas State University, Denton, TX, 1974.

Title: Behavioral Characteristics Progression (BCP)

Author: Santa Cruz Special Education Management Project

Date: 1973

Purpose/Population: The BCP is a guide for special educators to use as an assessment, instructional, and communication instrument. It is a nonstandardized, criterion-referenced assessment intended for preschool through adult.

Components Tested: Self-help; perceptual-motor; gross motor; language, social; academic; recreational; vocational; and characteristics for deaf, blind, and orthopedically handicapped.

Source: JORT Corp., P.O. Box 11132, Palo Alto, CA 94306.

Title: Body-Image of Blind Children

Authors: B. J. Cratty and T. A. Sams

Date: 1968

Purpose/Population: This instrument was developed to evaluate the body-image of partially sighted and blind children 5 to 16 years of age.

Motor/Physical Components Tested: Body planes, body parts, body movements, laterality, and directionality.

Source: American Foundation for the Blind, 15 West 16th Street, New York, NY 10011.

Cratty, B. J. and T. A. Sams, *The Body-Image of Blind Children.* New York: The American Foundation for the Blind, 1968.

Cratty, B. J. *Movement and Spatial Awareness in Blind Children and Youth.* Springfield, Illinois: Charles C. Thomas, 1971.

Title: Brigance Diagnostic Inventory of Early Development (Gross Motor)

Author: Albert H. Brigance

Date: 1978

Purpose/Population: This criterion-referenced assessment may be used with infants and children between birth and 7 years.

Motor/Physical Components Tested: Standing, walking, stair climbing, climbing, running, jumping, hopping, kicking, balancing on a board, catching, rolling, throwing, ball bouncing, maintaining rhythm, and using wheel toys.

EVALUATION INSTRUMENTS

Source: Curriculum Associates, Inc., 5 Esquire Road, North Bellerica, MA 01862.

Title: Bruininks-Oseretsky Test of Motor Proficiency

Author: Robert Bruininks

Date: 1978

Purpose/Population: This standardized instrument measures movement proficiency and motor performance of children from 4½ to 14½ years of age. Norms have been developed for nonhandicapped children; mildly, moderately and severely retarded children; and learning disabled children.

Motor/Physical Components Tested: Gross motor composite (running speed and agility, balance, bilateral coordination, and strength); fine motor/gross motor (upper limb coordination); fine motor composite (response speed, visual-motor control, upper limb speed and dexterity).

Source: American Guidance Services, Circle Pines, MN 55014.

Title: Callier-Azuza Scale

Author: R. D. Stillman

Date: 1974

Purpose/Population: This criterion-referenced instrument was designed as a developmentally based assessment scale for deaf-blind children from birth to 7 years of age.

Motor/Physical Components Tested: Postural, locomotor, fine motor, visual motor, and perceptual motor development.

Source: Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091.

Title: Cratty Six-Category Gross Motor Test

Author: Bryant J. Cratty

Date: 1969

Purpose/Population: The Six-Category Test is a norm-referenced assessment and is designed to identify children with potential learning problems. Parents and teachers can also use it as a guideline in evaluating the perceptual motor attributes of children with movement problems.

Motor/Physical Components Tested: Body perception, gross agility, static balance, locomotor agility, ball throwing, and ball tracking.

Source: Cratty, B. J. *Motor Activity and the Education of Retardates.* Philadelphia: Lea & Febiger, 1969.

Title: The Denver Developmental Screening Test

Authors: W. Frankenburg and J.B. Dodds

Date: 1967, 1981

EVALUATION INSTRUMENTS

Purpose/Population: This instrument is a quick screening device to detect developmental delays among infants and preschoolers 2 weeks to 6 years of age. It was standardized on nonhandicapped Denver, Colorado preschool children.

Motor/Physical Components Tested: The Denver Test has four components: fine motor-adaptive, gross motor, language, and personal-social scales. Some items are administered to the child, and performance on some items may be reported by the parent(s). Thirty-one tasks are included in the gross motor section.

Source: Ladoca Product and Publishing Foundation, Inc., East 51st Avenue and Lincoln Street, Denver, CO 80216.

Title: Glover Physical Fitness Items for Primary Grade Children

Author: Elizabeth Glover

Date: 1962

Purpose/Population: This test was developed to determine the physical fitness status and achievement of children ages 6 to 9. When the scores are analyzed by percentile norms, it is possible to detect weaknesses which can be addressed in program planning.

Motor/Physical Components Tested: Standing broad jump, shuttle race, seal crawl, and sit-ups.

Source: Barrow, H. M. and R. McGee. *A Practical Approach to Measurement in Physical Education.* Philadelphia: Lea & Febiger, 1971.

Glover, E. G. *"Physical Fitness Test Items for Boys and Girls in the First, Second, and Third Grades."* Unpublished Master's thesis, The Women's College, The University of North Carolina, Chapel Hill, NC, 1962.

Title: Hughes Basic Gross Motor Assessment (BGMA)

Author: Jeanne Hughes

Date: 1975

Purpose/Population: The BGMA is a criterion-referenced instrument developed for physical education specialists, special education teachers, physical therapists and other health services personnel to use in the evaluation of pupils who have suspected gross motor problems. It is applicable to children ages 5.6 to 12.5 years.

Motor/Physical Components Tested: Static balance, stride jumping, tandem walking, hopping, skipping, target throw, yo-yo, ball handling, observations of gait, preferred hand for fine motor activities, and midline.

Source: Hughes, Jeanne. Office of Special Education, Denver Public Schools, 900 Grant Street, Denver, CO 80203.

EVALUATION INSTRUMENTS

Title: I CAN Physical Education Program

Author: Janet A. Wessel

Date: 1976

Purpose/Population: The I CAN program focuses on these objectives:

1. Developing the fundamental motor skills necessary for successful participation in play and leisure activities in the home, school, and community.
2. Maximizing healthy growth and development.
3. Developing selected cognitive concepts such as body awareness and posture.

The I CAN curriculum is designed for children in primary (3 to 8 years), intermediate (8 to 14 years), and secondary (14 to 25 years) levels. It is typically used with primary and intermediate levels. Norms are available for mentally retarded children from 5 to 14 years of age.

Motor/Physical Components Tested: The I CAN curriculum is comprised of four major programs: primary skills, secondary skills, social skills, and associated skills. The subareas of the primary skills program are as follows:

1. Fundamental
   A. Locomotor and rhythm
   B. Object control
2. Body management
   A. Body awareness
   B. Body control
3. Health/fitness
   A. Fitness and growth
   B. Posture
4. Aquatics
   A. Basic swimming
   B. Swimming and water entry

Source: Hubbard Scientific Co., Box 104, Northbrook, IL 60062. Wessel, J. A. "I CAN Curriculum Project," *Journal of Health, Physical Education, Recreation and Dance,* 1975, 46(4), 50-53.

Wessel, J. A. *I CAN Implementation Guide.* Northbrook, IL: Hubbard Scientific Co., 1976.

Films related to I CAN are also available.

Title: Individualized Motor Behavior Survey (IMBS)

Author: Daniel D. Arnheim

Date: 1973

Purpose/Population: The IMBS is a survey of selected motor behavior components which can be administered to children 3 to 9 years of age.

EVALUATION INSTRUMENTS

Motor/Physical Components Tested: General behavior (cooperation, nongoal-directed responses, and nonessential movements); posture; imposed muscle tension; locomotion (walking and hopping); balance (static and dynamic); and fine motor movements.

Source: Arnheim, Daniel D., & William A. Sinclair. *The Clumsy Child.* St. Louis: C. V. Mosby, 1979.

Title: Informal Assessment of Developmental Skills for Visually Handicapped Children.

Authors: Rose-Marie Swallow, Sally Mangold, and Philip Mangold

Date: 1978

Purpose/Population: This informal assessment is a compilation of checklists or inventories developed by teachers of the visually handicapped, applicable to all special populations, ages 5 to adult.

Motor/Physical Components Tested: Gross motor, body image, right-left awareness, orientation and mobility, fine motor, and Piagetian schemas.

Source: American Foundation for the Blind, 15 W. 16th St., New York, NY 10011.

Title: Kraus-Weber Test of Minimum Muscular Fitness in Children

Authors: Hans Kraus and Ruth Herschland

Date: 1953

Purpose/Population: This instrument was developed to determine whether or not individuals have sufficient strength and flexibility in key muscular groups used for daily living. This test is used with handicapped and nonhandicapped children from 6 to 16 years of age.

Motor/Physical Components Tested: The instrument consists of 6 tests: flexibility (standing toe-touch), (abdominal plus psoas (straight leg sit-up), abdominal minus psoas (bent knee sit-up), psoas-supine, upper back-prone,lower back-prone.

Source: Mathews, D. K. *Measurement in Physical Education.* Philadelphia: W. B. Saunders, 1978.

Title: Motor Fitness Test for the Moderately Mentally Retarded (AAHPERD)

Authors: Leon Johnson and Ben Londeree

Date: 1976

Purpose/Population: This test is for moderately mentally retarded individuals, ranging in age from 6 to 21 years. The purposes are as follows:

EVALUATION INSTRUMENTS

1. Provide teachers and parents with a test battery appropriate for assessing the physical fitness levels of moderately mentally retarded children.
2. Determine the progress of the child
3. Identify the strengths and weaknesses of each child
4. Provide an incentive for children to improve their levels of motor fitness.

Norms are provided.

Motor/Physical Components Tested: Flexed-arm hang, sit-ups, standing long jump, 50-yard dash, softball throw, and 300-yard run-walk. The following items are provided for comparison only: height, weight, bob and reach, hopping, skipping, tumbling, and target throw.

Source: American Alliance of Health, Physical Education, Recreation and Dance Publications—Sales, Reston, VA 20091.

Title: The Ohio State University Scale of Intra-Gross Motor Assessment (O.S.U. SIGMA)

Authors: E. Michael Loovis and Walter F. Ersing

Date: 1979

Purpose/Population: The O.S.U. SIGMA was designed to examine the qualitative aspects of 11 fundamental motor skills. This criterion-referenced instrument is applicable for handicapped and nonhandicapped children from preschool through elementary grade levels.

Motor/Physical Components Tested: Walking, stair climbing, ladder climbing, running, throwing, catching, jumping, hopping, skipping, striking, and kicking.

Source: Ohio Motor Assessment Association, 965 Oxford Road, Cleveland Heights, OH 44121.

Title: The Ohio State University Step Test, Collan Modification for Children.

Author: Donald E. Collan

Date: 1968

Purpose/Population: The O.S.U. modified step test was designed to measure the submaximal cardiovascular endurance of nonhandicapped boys ages 9 to 11 years.

Motor/Physical Components Tested: The test is comprised of 18 innings, each of which is 50 seconds in duration (total 15 minutes). The three workload levels are as follows:

1. Phase I, 6 innings at 24-step cadence/minute on 15-inch bench
2. Phase II, 6 innings at 30-step cadence/minute on 15-inch bench

EVALUATION INSTRUMENTS

3. Phase III, 6 innings at 30-step cadence/minute on 18-inch bench.

The test is continuous through all 3 workloads.

Sources: Collan, Donald. *"A Submaximal Cardiovascular Fitness Test for Fourth, Fifth, and Sixth Grade Boys."* Dissertation, The Ohio State University, Columbus, OH, 1968.

Mathews, Donald K. *Measurement in Physical Education.* Philadelphia: W. B. Saunders, 1978.

Title: Peabody Developmental Motor Scales—Revised Experimental Edition.

Authors: Rhonda Folia and Rebecca F. DuBose

Date: 1974

Purpose/Population: This criterion-referenced assessment was designed as an indicator of the gross and fine motor skills of children between birth and 7 years of age.

Motor/Physical Components Tested: The gross motor section has test items which are divided into age levels 0 to 1 month through 73 to 84 months. The fine motor section consists of 106 items, ranging from 0 to 84 months. Gross motor and fine motor developmental activities are also provided.

Source: John F. Kennedy Center for Research on Education and Human Development, George Peabody College for Teachers, Nashville, TN 37203.

Title: Physical Education Achievement Scales for Visually Handicapped Boys and Girls

Author: Charles E. Buell

Date: 1947, 1966, 1973

Purpose/Population: As an adaption of the AAHPERD Physical Fitness Test, this standardized assessment is designed to provide a more accurate performance evaluation of partially sighted and blind girls ages 10 to 16 years and boys ages 9 to 17 years and up.

Motor/Physical Components Tested: Distance basketball throw, distance football kick (boys), hanging (girls), pull-ups, rope climbing (boys), rope rump, 50-yard dash, 600-yard run-walk, shuttle run, sit-ups, squat thrusts, standing broad jump, standing hop, step and jump (girls), and 20-yard freestyle swimming. Normative data are provided.

Source: Buell, Charles E., Ed., *Physical Education for Blind Children.* Springfield: Charles C. Thomas, 1966.

Buell, Charles E. *Physical Education and Recreation for the Visually Handicapped.* Reston, VA: AAHPERD, 1973.

EVALUATION INSTRUMENTS

Title: Portage Guide to Early Education (P.G.E.E.)

Authors: S. Bluma, M. Shearer, A. Frohman, and J. Hilliard

Date: 1976 revision

Purpose/Population: The P.G.E.E. provides a framework which allows each user to plan and implement curriculum goals for children. The criterion-referenced guide is designed to be a curriculum planning tool for use with nonhandicapped preschool children or handicapped preschool children between the mental ages of 0 and 6 years. Older children with skill levels similar to preschool children may also benefit from the P.G.E.E.

Motor/Physical Components Tested: The checklist of behaviors is divided into 6 areas: infant stimulation, socialization, language, self-help, cognitive, and motor.

Source: Portage Project, Cooperative Educational Service Agency, 12626 East Shafer Street, P.O. Box 564, Portage, WI 53902.

Title: Project ACTIVE (All Children Totally Involved Exercising)

Author: Thomas M. Vodola

Date: 1974, 1976

Purpose/Population: Project ACTIVE, a nationally validated program, was developed to provide a model for training physical educators, special educators, and recreation specialists to implement an individualized physical education program for handicapped individuals. It is designed for children ranging in age from 3 to 17 years with varying handicapping conditions.

Motor/Physical Components Tested: Project ACTIVE provides 7 program components: low motor ability; low physical vitality; postural abnormalities; nutritional deficits; breathing problems (asthma, emphysema, and cystic fibrosis); motor disabilities or limitations (cerebral palsy, spina bifida, and muscular dystrophy); and communication disorders (visually handicapped, hearing handicapped, autism, and aphasia).

Source: Project ACTIVE, Thomas M. Vodola, Project Director, Township of Ocean School District, Dow Avenue, Oakhurst, NJ 07755.

Title: Project MOBILITEE

Authors: Douglas A. Rudolph and Robert W. Arnhold

Date: 1981

Purpose/Population: This assessment and curriculum guide was designed for use with moderately and severely handicapped children. Wheelchair components are included.

EVALUATION INSTRUMENTS

Motor/Physical Components Tested: The assessment includes physical/motor fitness, fundamental motor skills, skills for participating in games and sports, and fundamental motor patterns for low-functioning children.

Source: Adapted Physical Education Consultant, Ohio Department of Education, Room 1005, 65 South Front Street, Columbus, OH 43215.

Title: Purdue Perceptual-Motor Survey (PMSS)

Authors: N. Kephart and E. Roach

Date: 1960, 1966

Purpose/Population: This screening device was developed to detect perceptual-motor problems among children in grades 1 to 4. Norms are available.

Motor/Physical Components Tested: The subtests include walking, broad jumping, identifying body parts, imitating movements, obstacle course, Kraus-Weber, angels-in-the-snow, chalkboard, rhythmic writing, ocular pursuits, and visual achievement forms.

Source: Charles E. Merrill Publishing Co., 1300 Alum Creek Drive, Columbus, OH 43216.

Kephart, N. C. *The Slow Learner in the Classroom.* Columbus, Ohio: Charles E. Merrill, 1960.

Title: Schilling Body Coordination Test (BCT)

Authors: F. Schilling and E. J. Kiphard

Date: 1974

Purpose/Population: The purpose of this criterion-referenced instrument is to assess body control and coordination. The BCT was intended to improve differentiation between brain-damaged and non-brain damaged children. The BCT is applicable to children ages 5 to 14.

Motor/Physical Components Tested: Balancing backwards over 3 progressively narrower balance beams; hopping over 12 rectangular foam mats; jumping sideways over a lath placed on the floor; and shifting platforms laterally while standing on another platform. Normative data for West German children are provided.

Source: Barrow, H. M. and R. McGee. *A Practical Approach to Measurement in Physical Education.* Philadelphia: Lea & Fibiger, 1979.

Schilling, F. and E. J. Kiphard. "The Body Coordination Test," *Journal of Health, Physical Education, and Recreation,* 47, (2), 1976.

EVALUATION INSTRUMENTS

Title: Special Fitness Test for the Mildly Mentally Retarded Person

Authors: Lawrence Rarick in cooperation with the American Alliance for Health, Physical Education, Recreation, and Dance and the Joseph P. Kennedy Foundation.

Date: 1968, 1976

Purpose/Population: This test battery assesses the physical fitness levels of mildly mentally retarded children from ages 8 to 18. Normative data are available.

Motor/Physical Components Tested: The major fitness components are speed, power, agility, and muscular endurance. The battery consists of the following items: flexed arm hang, sit-ups, shuttle run, standing long jump; 50-yard dash, softball throw, and 300-yard run-walk.

Source: American Alliance for Health, Physical Education, Recreation, and Dance Publications - Sales, Reston, VA.

Broadhead, G. D., D. A. Dobbin, and G. L. Rarick. *The Motor Domain and Its Correlates in Educationally Handicapped Children.* Englewood Cliffs, New Jersey: Prentice-Hall, 1976.

Title: Sub-Maximal Cardiovascular Endurance of Trainable Mentally Retarded Boys

Author: Vincent Pastor Peries

Date: 1973

Purpose/Population: This study ascertained the sub-maximal cardiovascular capacity of TMR children, ages 7 to 19 years. Correlations between the IQ score and performance on the test are available.

Motor/Physical Components Tested: The test consists of 18 innings of 50 seconds each for a total of 15 minutes. Each inning is divided into 2 sections: 30 seconds of step-tests and 20 seconds of rest. The score is determined by the number of innings completed.

Source: Peries, Vincent Pastor. *"Submaximal Cardiovascular Endurance of Trainable Mentally Retarded Boys."* Dissertation, The Ohio State University, Columbus, OH, 1973.

CHART OF DUE PROCESS

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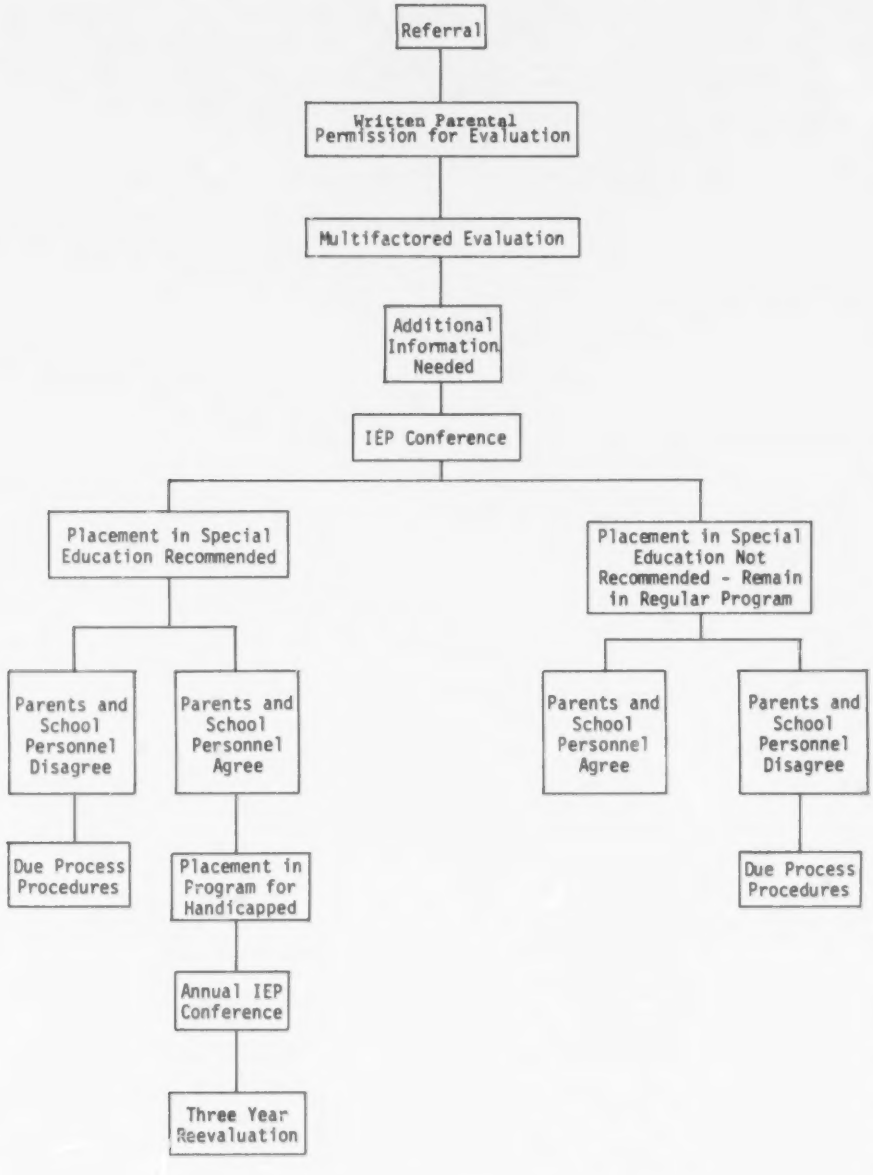
Referral
Written Parental Permission for Evaluation
Multifactored Evaluation
Additional Information Needed
IEP Conference
Placement in Special Education Recommended
Placement in Special Education Not Recommended - Remain in Regular Program
Parents and School Personnel Disagree
Parents and School Personnel Agree
Parents and School Personnel Agree
Parents and School Personnel Disagree
Due Process Procedures
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